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EDITORIAL COMMENT

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REPORT OF THE COMMITTEE ON TRAINING SCHOOLS OF THE AMERICAN HOSPITAL ASSOCIATION

We did not hear the discussion on the report of the committee on nursing at the meeting of the American Hospital Association in Washington last month, but from conversation with several nurse superintendents who were there we gather that the report, taken as a whole, was very kindly received and unanimously endorsed. There was no really adverse criticism of any part of it, and the recommendation for the training of a cheaper grade of nurses for the great middle class was referred to a committee which will continue the work commenced this year and report at the next meeting.

We understand that this report is printed for very free distribution among those interested in it, and any of our readers who have not received a copy may obtain one by writing to the secretary, Dr. W. L. Babcock, Grace Hospital, Detroit, Mich. For this reason we are not printing the report in full, but give the recommendations in part and omit the syllabus.

CLASSIFICATION OF HOSPITALS

- (1) Isolated small hospitals.
- (2) Small hospitals, near to, or in affiliation with large general hospitals.
- (3) Special hospitals, including eye and ear, skin and cancer, children's and infants', lying-in, tuberculosis, orthopaedic hospitals, etc.; sanatoria for nervous and mental diseases, hospitals for contagious diseases; hospitals for the insane, and hospitals for incurables.
- (4) Large general hospitals.

It is the sense of the committee that hospitals of less than twenty-five beds, which cannot affiliate or maintain some association with larger institutions, on account of their isolation or financial condition, should not attempt to maintain training schools for the training of nurses.

The following general recommendations, to cover all classes of hospitals, were adopted by the committee:

(1) That a probationary term of not less than three months be maintained.

(2) That probationers be admitted in classes, at regular intervals, preferably twice yearly.

(3) That a preliminary course of study, of not less than three months' duration, be given to each class, such course to include practical demonstrations of general nursing methods.

(4) That at least two weeks of the preliminary course be given before allowing pupils to assume any nursing responsibility.

(5) That pupil nurses should not be called upon to give more than sixty-three hours per week to their work, including class hours and exclusive of time off duty. Emergency work out of hours, or overtime work, should be repaid pupils as soon as possible. All time lost by illness of pupils should be made up at the end of the course.

(6) That all hospitals which cannot give one of the courses hereinafter outlined, in its entirety, should seek affiliation with other hospitals in the subjects not covered by the class of patients under treatment.

(7) That paid medical instructors should be employed by all hospitals that can afford to employ them. The committee has ascertained that a few hundred dollars per year will furnish competent paid instructors for the work. Where paid instructors cannot be maintained, arrangements should be made to have the lectures and strictly medical teaching of the school presented by two or three medical men, rather than by a larger number of physicians.

(8) That a vacation of at least two weeks per year, for the two years three months' course, and three weeks per year for the three years' course be allowed all pupils during the summer months.

(9) That all hospitals maintaining training schools of any character, including hospitals for the insane, employ a graduate nurse as superintendent of nurses.

(10) That no hospital should attempt to maintain a training school for nurses if it cannot meet the requirements of the two years three months' minimum course, or arrange affiliations with other hospitals that will provide full equivalents.

(11) That training schools should not be maintained in small hospitals, without at least two paid resident instructors being provided for the teaching of nurses, one of whom must necessarily be superintendent of the hospital and principal of the training school. That all hospitals, irrespective of size, have a graduate nurse as night supervisor. This number should be considered the absolute minimum, irrespective of the size of the school.

(12) That many large general hospitals can advantageously establish a course of six or nine months in hospital economics, administration and institutional nursing. This recommendation is made in response to the great demand for nurses trained in hospital or institutional work, to fill positions in training schools or other hospital departments.

QUALIFICATIONS FOR ADMISSION AS A PROBATIONER TO THE
PRELIMINARY COURSE

- (1) Age, 21 to 35 years.
- (2) Height and weight, average.
- (3) Physical health, sight and hearing should be normal.
- (4) Physical examination should be given candidates before final acceptance to the school, by a physician appointed by the training-school committee or hospital.
- (5) Proof of recent vaccination, or vaccination at time of entering the school.
- (6) Presentation of certificate, giving evidence of one year in a high school or its *equivalent*. *Equivalent* may be defined as:
 - (a) Additional educational qualifications.
 - (b) Evidence of further mental training, such as courses in business college, stenography, art, music, etc.
 - (c) Exceptional personal fitness, combined with desirable home training.

It is not expected that any one or all of the above suggested qualifications be accepted in lieu of a common school education. It is suggested that occasional candidates may have qualifications or attributes which might be considered equivalent to the first year of high school duty.

An application blank, covering the above necessary qualifications and several other questions that will occur to the principal, should be devised. It is recommended that a form similar to Appendix A be used for a physician's statement. It may be incorporated as a part of the application blank. Even though the physician's statement be satisfactory, a physical examination should be made by a physician appointed by the training-school committee or the hospital at the time of admission to the preliminary course.

ISOLATED SMALL HOSPITALS

The committee recognizes that the training-school problem in the isolated small hospital, of from twenty-five to seventy-five beds, is a problem apart from the training-school situation in larger institutions. Numerically, this is the largest division of hospitals in the classification. Hospitals of this size are scattered throughout the entire country. They are most common in the middle west, south and far west, and are less stable in organization than older and larger institutions. They may be municipal, county, private or semi-private in their management, or, as is frequently the case, organized by village or corporate associations. The professional work and medical departments of these hospitals are usually more or less circumscribed in variety and limited to general medicine, general surgery, and gynecology. A moderate number of these hospitals have small obstetrical departments, and a still smaller number have a children's department. Few of the smaller institutions have a contagious department. Many of these hospitals have demonstrated the possibility of maintaining training schools that compare favorably with schools in larger institutions. Properly managed training schools in these institutions are recognized as capable of turning out graduates well qualified for general medical and surgical nursing in private families. Many factors entering into the situation of these schools lead the committee to recommend

a two years three months' course, of which three months shall constitute a definite preliminary course of study.

The term of school training should be not less than thirty-eight weeks per year for the two years three months' minimum course hereinafter outlined.

PRELIMINARY COURSES

The preliminary schedule as outlined can be used for the two years three months' course in the smaller hospital, or the complete three years' course in the large general hospital. The teaching of these subjects in the preliminary course must of necessity be more or less elementary. It is recommended that the study of the subjects outlined be attempted in a systematic manner. It is not expected that they will be completed during the three months of preliminary training. This course should be amplified and continued throughout the junior year, in association with subjects hereinafter outlined for the first year. This course has been constructed with the hope that it will provide the groundwork of the subsequent practical career of the pupil nurse in the school and in the hospital.

It is recommended that, as the facilities and needs of different hospitals vary, several of the above subjects be amplified and others added to suit local requirements. Not less than forty-two hours during the second year should be devoted to the practical teaching of the above subjects. It is recommended that continued and special attention be given, throughout the second year, to dietetics, hygiene and the management of special diseases. It will occasionally occur that patients suffering from some special disease, epidemic, or infection may be brought into the hospital. If possible, they should be made the occasion of special clinics and demonstrations.

The above outline of the two years three months' course should constitute the minimum teaching course in the isolated small hospital. Hospitals that cannot give this schedule in its entirety should arrange affiliations with larger hospitals.

The curriculum in its general outline is similar to that issued by the Education Department of New York State. In some particulars standards are not quite so high, but it must be remembered that this is a recommendation to the training schools of the whole country and not exclusively to those of the few advanced states. We infer that the facilities and limitations of the smaller hospitals of the great middle west and south have had much influence with the committee, and we are sure the results will be most helpful to institutions of that class everywhere. We do not anticipate that state boards or schools that have already attained higher standards are going to lower them; the trend of education is always upward.

It had been hoped that higher admission qualifications might be deemed advisable by the committee, but, out of consideration for the schools that find it difficult to secure enough pupils, it was thought

best not to recommend more than the one year in the high school or its equivalent, and the term equivalent is defined, which is a step in advance. Among the points reported as brought out in the discussion were that hospitals should no longer be considered only as places for the care of the sick, but that they must be looked on also as great educational centres for the dissemination of knowledge of prophylaxis and right methods of living, and for the training of nurses and physicians who should be equipped there to meet the growing demands for teachers along these lines; that the educational obligations of the large general hospitals are greater because of their broader facilities, and that, consequently, it is just that their term of service for nurse training should be longer than in the smaller schools. The practice of maintaining training schools in small private hospitals for commercial purposes was condemned. The statement was made by one proprietor of a private hospital that he had proved by actual experience that such hospitals could employ graduates at forty to forty-five dollars a month and still yield a reasonable revenue.

The action of the American Hospital Association confirms again the assertion which we have repeatedly made in these pages, that in all the efforts that nurses have made for the betterment of nursing standards or conditions they have always had and will continue to have the support of physicians of the highest grade and the citizens of the greatest intelligence in every community.

FOR THE WINTER PROGRAM

As a result of the meetings of the summer, there are certain subjects and lines of work which seem specially appropriate for the consideration of the local associations during the coming winter. Our organizations are now getting into the full swing of the winter activities and we give briefly a summing up of such subjects as seem in our judgment of most vital importance.

THE RED CROSS

At the Minneapolis meeting, as has already been stated, one of the most important and interesting reports was submitted by Mrs. Robb, as chairman of the Committee on Red Cross Work, representing both the Superintendents' Society and the Associated Alumnae, in which she went minutely into the detail of meetings held and plans submitted to the National Red Cross officers in Washington.

The Red Cross did not accept as a whole the plan submitted by Mrs. Robb and her committee, but sent to the Associated Alumnae a plan

which was based upon the suggestions made by the committee, which reads as follows:

"The War Relief Board, at a meeting held May 7, 1909, took under consideration the placing of the Red Cross Nursing Department under a special subcommittee. To provide for the committee the following resolution was passed:

"Resolved, That the subcommittee on Red Cross Nursing Service shall consist of a chairman and fourteen other members; five to constitute a quorum; the chairman and five members to be members of the War Relief Board, to be appointed by the chairman of the Board; six members to be appointed by the chairman of the Board from a list of trained nurses submitted by the Nurses' Federation, and three persons to be appointed by the chairman on recommendation of the Board.

"The present plan for such a committee is to have the chairman and two other members of the Board selected from the trained nurse members of the Board. Of the three members of the Board, one should be a surgeon of the army, one a surgeon of the navy, and the third some other member of the Board. The three persons selected from outside the Board and the list of nurses should be persons specially fitted for membership on this Board.

"This will give a membership of nine trained nurses on the committee of fifteen."

This resolution from the Red Cross War Relief Board was unanimously adopted by the Associated Alumnae after a very thorough discussion of the whole Red Cross situation, and the committee was re-elected with instructions to work out the detail of such affiliation with the War Relief Board. The action of the Associated Alumnae brings the nurses of this country into distinct official relationship with the War Relief Board, and gives to them a very influential place in the administration of the strictly nursing side of the work of the National Red Cross. It is an opportunity which has never been ours and one which must receive the most intelligent co-operation from all the affiliated societies in order to prove our worthiness of the confidence which has been shown us.

We would therefore suggest that early in the year every affiliated association should have a Red Cross program. The history of the Red Cross, from its inception down to the present time, can be studied and the conditions for enrollment in the Red Cross can be made familiar to all the members. This will put the nursing profession in a position to act intelligently and without loss of time when the plans of the committee are perfected and reported.

There are persons connected with every Red Cross state society

specially qualified to speak on this subject who could be secured by writing to the secretaries of the state branches, or literature covering the whole ground, from which interesting papers can be prepared, can be secured from the national secretary in Washington, Charles L. Magee, and an able member could work up a synopsis which would make a groundwork for discussion.

All over the civilized world nations are concerning themselves with methods for prevention of disease and alleviation of suffering. Governments recognize the Red Cross as the legitimate means through which aid may be secured in time of national calamity of any kind. Race, creed, and color lines are obliterated in this work, in which nursing care in time of pestilence, war, and disaster is one of the most important features. The obligation of nurses to do their part and to take their proper place in this great work is part of the professional duty which comes as a result of education and nursing progress.

MORAL PROPHYLAXIS

The Public Health Committee of the Associated Alumnae, of which Mrs. Colvin, of St. Paul, is chairman, was enlarged at the last convention and includes as members Miss Ahrens, Mrs. Hartridge, Mrs. Lockwood, Mrs. Pottenger, Miss Dock, and Dr. Hedger. The program for work agreed upon, found upon page 990 of the September JOURNAL, is as follows:

1. Report on progress of legislation and enforcement of existing laws, prevention of prostitution, and limiting the spread of venereal disease.
2. Examine and recommend literature for nurses: (a) Professional as to extent and dangers of venereal disease; (b) methods of instructing mothers and children.
3. To recommend for training schools courses in prevention of venereal diseases.
4. To further in state societies and alumnae associations the formation of similar committees.

We suggest that in working along these lines nurses take up the needs most in evidence in their own locality, working with other associations when possible.

We emphasize the need of better teaching of nurses in training on these subjects, and suggest that alumnae associations should make the request of Boards of Managers that instruction be given along these lines if they find on investigation that it is not being done, and that lecturers be secured for their own meetings competent to present the advanced thought on the subject.

The session on Morality in Relation to Health of the International Congress of Nursing, reported in the *British Journal of Nursing* for August 28, contains the most complete reports and soul-stirring information of social evils that we have seen of late, and would make the basis of a splendid series of meetings for our nursing organizations to follow.

The tendency seems to be to place the teaching of mothers and children in the hands of women physicians and nurses, and we think we are somewhat in danger of having opportunities in advance of our ability to meet them, as at the present time most nurses are not sufficiently interested or instructed in these things for their own good, much less to teach others.

One of our readers, who was unable to attend the Minneapolis meetings, but who was greatly interested in the reports of them, has written us her experience in the teaching of children, from which we quote.

"Each child must be approached in an individual way just as it develops naturally. Its first question should be answered truthfully, so that nothing will be left as a mystery; the curiosity satisfied but, absolutely, no more information given than is needed to satisfy it. The question thus gradually works itself out naturally, unconsciously to the child, without undue attention being attracted to the subject; and one never has to go back on one's previous word.

"For instance, I know one small boy who, at three, asked where the expected and promised baby was to come from. The mother told him: 'The little German children play that the stork brings them. Of course he don't, but we will play that way!' The child was perfectly satisfied, and talked contentedly about it, explaining that it was a game. At five he asked more questions, and each one was answered truthfully, but with just enough truth to satisfy; and by ten he had the information he wanted in such form that he cannot tell how or when he received it; and is always ready to bring a new problem, since he will be answered satisfactorily.

"I have a family in mind, in which the boy of fifteen had been instructed by his father, and a more natural, manly, and clean-minded child I never knew. The girl of seven was not 'old enough'—and was morbidly curious. She came to me to know 'just where babies came from.' I said: 'I wish I could tell you all about it; if you were my little girl I would—but mother does not think you are old enough; when you are older she will tell you.' She was not satisfied, and listened morbidly for every word dropped in her hearing."

This writer also lays stress on the importance of a clean moral atmos-

phere for nurses and doctors in their hospital work, and cites instances of the change from an impure attitude of mind to one that was upright under the influence of different superintendents.

CARE OF THE MIDDLE CLASS

We want to urge every organization of nurses to include this subject in its winter's program, to thrash the subject out thoroughly, to look at it from every standpoint which has been presented, and come to a definite conclusion as to whether nurses are in any degree responsible for this work or whether they are willing to leave this question to other groups of people to settle, simply being used as tools, as their services are demanded. It is of all nursing problems the most vital, and the time is now for nurses to put themselves on record as recognizing it as a professional obligation to render service to every kind of human being requiring nursing care. When the Associated Alumnæ meets next year, every affiliated society should be able to instruct its delegates definitely in regard to this question.

What will be the result if a less well-educated and shorter term class of nurses is put into the field, who cannot be prevented from charging regular nurses' rates wherever opportunity offers? Will not such a plan react upon hospitals as well as upon graduates? Have we not as a profession an obligation to care for all classes of people needing nursing care?

FURTHER STUDY OF TUBERCULOSIS PROBLEMS

It would seem, after all that has been said and written on the tuberculosis question, that the intelligent members of society would be informed of the fact that tuberculosis is contagious, that it is disseminated through carelessness in disposal of the sputum and the infection of buildings, and yet within a few days, in conversing with an influential school teacher, great surprise was expressed when we referred to the danger of moving into a house which had been occupied by a tuberculosis patient unless it had been disinfected.

This crusade is only in its infancy and no season should pass without this subject being given special study at at least one society meeting. It would be well to have a summing up from season to season of the different lines of development, scientific discoveries, methods of procedure, etc.

JOURNAL PURCHASE

One delegate's report of the Associated Alumnæ meeting which we have seen shows a misconception of the purpose of the JOURNAL

Purchase Fund which may be shared by others. The purpose of the Associated Alumnae in taking over the JOURNAL stock is not to get "the controlling vote." The Associated Alumnae practically possesses the controlling vote now, having over thirty shares out of the one hundred, and many shares being unrepresented by votes at the stockholders' meeting each year, but this is not its aim. It wishes now to assume the business and legal obligations which have been carried for it for nine years by the small group of stockholders, and to bear its own burdens, not to dictate the policy of the JOURNAL while allowing others to do its work.

The establishment of the JOURNAL was the first serious undertaking of the Associated Alumnae, and its promise to pay back the money which was practically lent to it by the stockholders is unfulfilled until this is done.

Miss Davids' report each month will show how encouragingly the funds are coming in and it will rest with each association this year to raise its share of the Purchase Fund, and also to help increase the subscriptions to the magazine from its own membership. If each member of each society belonging to the Associated Alumnae would subscribe to the JOURNAL, there would be no need of appealing for special funds to carry it on in the future.

INSURANCE FOR NURSES

In order to substantiate the correctness of the statement of "the obviously growing urgency of nurses as a class making some definite provision for the future," the chairman of the Committee on Insurance, reappointed by the Associated Alumnae at its Minneapolis meeting, asks the affiliated societies kindly to bring the subject up for discussion in one of their meetings during the winter, and report to the committee in substance their deliberations.

The points that will be of assistance are, the majority in favor of: (1) commercial insurance; (2) fraternal insurance; (3) annuity, life, or (4) annuity and life insurance or any other point that seems important.

Reports should be sent to Miss M. E. P. Davis, care the editorial office of the JOURNAL.

CONFERENCE ON INFANT MORTALITY.

THE advance program of this conference, which, as announced last month, will be held in New Haven November 11 and 12, is in our hands and promises to be of value. Well-known speakers are expected, such

as Dr. J. P. Crozier Griffith, Dr. Richard C. Cabot, Dr. Woods Hutchinson, Dr. Henry I. Bowditch, Dr. Charles P. Putnam, Dr. Caroline Hedger, and Miss Wald. As an example of the program, one session, that on philanthropic prevention, will be presided over by Edward T. Devine, who gives the address at its opening, and is followed by: "The Relation of Race to Infant Mortality," Dr. Richard C. Cabot; "The Economic Losses Entailed by Infant Mortality," Prof. James W. Glover; "A Program for the Reduction of Infant Mortality in New York City," Mr. Robert W. Bruere; "Educational Responsibilities of a Milk Depot," Dr. Ira S. Wile; "The Responsibility of General Relief Agencies," Mr. Sherman C. Kingsley; "The Effect of Philanthropic Experiments in Increasing and Reducing Infant Mortality," Dr. Woods Hutchinson.

There will be four public sessions and a dinner.

THE DOCTOR AND THE PEOPLE

At the meeting of the Pennsylvania State Medical Society, the president, Dr. George W. Wagoner, in his address commented on the lack of harmony between the public and the medical profession. He ascribed the misunderstanding and antagonism which exist to three causes: ignorance on the part of the people of the real motives of the disinterested physician; superstition, which corrupts the mental processes of multitudes of people; and incompetence on the part of many physicians. He made a plea for a greater spirit of helpfulness to the patient, greater regard for his comfort. An address given by Rev. Floyd W. Tomkins, D.D., on "Sanitary Science and the Social Evil," at the same meeting, began with the statement that this evil is growing so tremendous that a man fulfills his duty neither to God nor to man if he fails to do his part in fighting it. He made a plea for better education of young people in regard to the structure of their own bodies and the possibilities of disease, and urged the doctors to use their influence in furthering such education, in giving public addresses so that people would become enlightened, and in prohibiting the marriage of diseased persons.

THE TEACHING OF DIETETICS

We feel sure that the whole nursing fraternity will endorse Miss Pope's defense of the diet teacher. There are a number of sides to this question. In the majority of cases, the superintendent is powerless to improve conditions. In some few instances she might do more for her pupils along these lines if she were sufficiently interested to present the subject to her board as forcibly as is needed.

One difficulty which boards of examiners have had to contend with from the first is in not knowing the conditions existing in the hospitals. This has made it exceedingly difficult to adjust the questions to the capacity of the students, and shows how necessary it is that at least a majority of the examiners should be from the teaching ranks, that the examinations may be just to the students in the schools.

Unquestionably the teaching of dietetics is receiving much more attention than it was before the subject was required by the state boards. We begin to see the way for a more practical adjustment of teaching in our training schools, less of minute anatomy, more of practical physiology, of hygiene, prophylaxis, dietetics, and kindred subjects. We have to remember that in the first decade of our schools there has been no general standard. Each school has been a law unto itself and has given such training as the institution afforded or the superintendent's ability permitted. If state registration should accomplish nothing more, it has at least brought about a readjustment in the methods of teaching and training, which has already reacted for the better service to the sick and insane in hospitals and homes.

NURSING IN THE PHILIPPINES

THE article on nursing in the Philippines is one which was written for the International Congress, a duplicate being sent to us for publication also. With this article were twenty-three illustrations which were part of the nursing exhibit at the Congress, all most beautiful and interesting. We reproduce four, and are sorry we cannot give space to all.

The progress made in the Philippine nursing service, the number of hospitals, and the opportunities for varied work will no doubt surprise many of our readers who had only a vague idea that there were several army hospitals and perhaps one or two mission hospitals. It is interesting to note that the establishment of the training school which Miss McCalmont describes has been on the highest plane which we have reached here, instead of beginning, as is often the case in new ventures, on the crude lines of forty years ago.

There is need for nurses to forward the work there. We are assured that the climate and conditions of living are quite endurable, and we hope Miss McCalmont's appeal will result in an overflow of nurses from this land to that, not of those who can find nothing to do here, but of our very best.

PRESERVATION OF THE GRADUATING ADDRESS

We have a great many requests from training schools to publish the addresses given before their graduating classes. These addresses are, as a general thing, interesting to this one group of people and we are quite in sympathy with their desire to see them in print; but if we were to give space to all such papers as are sent to us we would not have room for anything else, and our JOURNAL would become a medical journal of nursing instead of a nursing journal of nursing.

We have had several such addresses sent us recently that have been published by the training school in the form of a small pamphlet, with a pretty cover having the name of the speaker, the date of graduation, etc. Where the names of the graduates are added, it makes a most attractive souvenir for the pupils to possess or to send to their friends, and we make the suggestion to all training schools that wish to make a record of the graduation to adopt this plan.

PINS FOR REGISTERED NURSES

We have received a letter from one of our western readers which tells of a scheme which is being started, said to emanate from two San Francisco lawyers, for the sale of a pin for registered nurses, it being stated by the agents acting for them that the profits are to be sent to the national association of nurses.

We know of no association, national or otherwise, authorizing such a pin and would warn our readers to beware of being drawn into a scheme of this kind. We are also informed that this scheme has been concocted since the convention at Minneapolis.

OPEN-AIR SCHOOLS

It is interesting to note the growth in numbers of the open-air schools for tubercular children. New York has been maintaining one in connection with the ferry boat camp and has now increased the number. Boston has had one for a year and a half. Chicago started one last summer which has been so encouraging in its results that it is hoped to continue it through the winter. Rochester has recently opened one in connection with the day camp which opens with twenty pupils, and in these last two cities, at least, the teacher is supplied by the Board of Education.

NEW BOOKS

LAVINIA L. DOCK, R.N., is preparing a manual for nurses on venereal diseases, which will give them the main facts of these diseases, not only

from the medical aspect, but from the moral, social, and legal, as well, and the history of legislation on the subject.

YNABELLA WATERS' book, "Visiting Nursing in the United States," which has been in course of preparation for a year or two, will be ready early in November. It will be published by the Charities Publication Committee, 105 East Twenty-second Street, New York. Some trouble has been caused would-be purchasers of the book because the address of the publishers was incorrectly announced at the Associated Alumnae meeting and in the Proceedings.

A CORRECTION

THE address of the International office was wrongly printed in the report of the congress meetings in the last JOURNAL. The correct address is 431 Oxford Street. The reports of the official day may be procured from Miss Dock, 265 Henry Street, for twenty-five cents.

ON BEHALF OF THE DIET TEACHER

By AMY E. POPE

Graduate of the Presbyterian Hospital, New York City

JUDGING from Miss Hitchcock's article relative to the New York state examinations, in the May number of the JOURNAL, it seems that the Board of Examiners is disposed to lay at least the greater part of the blame for the deplorable failure in the dietary examinations on the teachers of that subject.

The diet teachers, I am sure, must feel that this is not quite just and I would say a word on their behalf. I taught dietetics for two years in several hospitals and during that time, feeling very dissatisfied with the conditions I had to work under in the majority of them, I consulted some dietitians who had had a longer and more varied experience in the work than I. As the result, I found that there were comparatively few hospitals where the arrangements were such as would enable the nurses to gain an equal degree of knowledge of even the principles of dietetics as of their other studies.

The following are a few of the complaints that I received in answer to my inquiries:

In one hospital the nurses were given their instruction, which consisted of fourteen lessons, at night, toward the end of their senior year. At the same time, they were having a like number of lessons in massage, also at night. This made four nights a week that they were obliged to have classes of two hours' duration. As a natural consequence, they were too tired to be easily interested or in a retentive state of mind. Not more than half of these nurses had had or would have any practical experience, and those who had any, had it without the supervision of a competent instructor.

In another hospital, the instruction in dietetics, which consisted of sixteen lessons, was given in the probationary term. Each of the nurses expected to have two months' practical work in the diet kitchen, but this service came at any time during their training, sometimes even two years after their class work, and as there was no resident dietitian, the nurse who was serving her second month was given charge.

In a third hospital, where the nurses were given thirty lessons in anatomy and physiology and fourteen in dietary, the diet teacher was

asked to pay particular attention to the digestion of foods, etc., because the doctor who had given the lectures on physiology had failed to do so.

The majority of teachers, except in the hospitals where there was a preparatory course or a resident dietitian, complained of the few lessons given in dietetics compared to those of other subjects. In nearly all the hospitals about twice as many were given in anatomy and, as the teachers justly remarked, when the degree of knowledge necessary for a nurse to have of the two sciences is compared, there are a far greater variety of subjects to be considered in connection with dietary.

In the majority of hospitals it is not the superintendents of the schools who are to blame (they are usually as distressed as the diet teacher at the state of affairs), but neither, until such conditions are improved, is it the fault of the diet teacher that the pupils do not pass better examinations. The greater number of teachers, I know, require the pupils to memorize some of the recipes more important for a nurse to know, but when it is considered how much there is to teach and how much time is necessarily taken up with the practical lessons and putting things in order after those lessons, it is not to be wondered at that more cannot be accomplished in from twelve to sixteen sessions; especially when, as is usually the case where there is no resident dietitian, the lessons are not followed by quizzes or by practical work under the supervision of a competent instructor. It is only by carrying out recipes repeatedly that they will be remembered, and, if nurses are to remember the scientific rules that govern cooking, there must be some one at hand while they are on duty in the diet kitchen to quiz them while they work. If they are to remember the comparative quantities of food required for a given number of people, they must have practice in ordering supplies. If they are to be able, and how necessary it is, to vary invalid's diet or the meals in institutions, especially where money is scarce, there must be some one to encourage them to search the recipe book for, and to try, new recipes. Then, there must not be too much drudgery in connection with the work in the diet kitchen, the pupils' interest must be constantly stimulated, and the importance of their work impressed upon them.

Thus, and thus only, will sixteen lessons serve their purpose. Without such practical instruction, time and money spent on such a limited number of lessons are, except for students who have had some previous training in cooking, time and money lost.

HOSPITALS AND NURSING IN THE PHILIPPINES *

By MABEL E. MCALMONT, R.N.

Superintendent Civil Hospital, Manila; Supervising Nurse of the Bureau of Health, Philippine Islands

IT may be only from my close proximity or it may actually be a fact, but it does seem to the writer that in no portion of the globe could there be a greater opportunity for nurses or nursing than in the Philippine Islands. Since the American occupation, much has been done. During the last two years a training school for Filipino nurses has been started and fairly well established in Manila, but there is still such a great field and such large opportunities, both altruistic and financial, it seems rather a pity that the nursing profession does not know more of this far away but most interesting corner of the Orient.

The first American nurses who came to the Islands were, of course, the Red Cross and the army nurses who came over during and immediately after the Spanish-American War. There were about 125 in all, but their movements and history while here are of no special moment at this time, as practically all left the Islands as soon as their immediate duty was fulfilled. A few of the Red Cross nurses went into the army, but with the adoption of civil government, the army nursing corps has been gradually reduced until there are now probably not more than twenty nurses in the Islands. The work of the army and navy corps will always be localized and devoted practically to the Americans; the real nursing of the Philippine Islands, the work that will reach the people, will be dependent upon and represented by the nurses employed by the civil government, by those of private institutions, and lastly, but most important, by the native trained nurses themselves.

The Bureau of Health has charge of all the civil hospitals in the Philippine Islands, with their accompanying nursing force. While this Bureau is responsible for all the medical and sanitary inspection of the Islands, besides aiding many private hospitals and charitable organizations, yet it directs, controls, and operates the Civil Hospital, Bilibid Hospital, and San Lazaro, all of Manila; the Baguio Civil Hospital of Benguet (the summer capital of the Philippines), and the Culion Leper Hospital. The Civil Hospital of Manila furnishes free medical and surgical treatment to all Insular Government employees, besides doing private and emergency work. When finally merged into

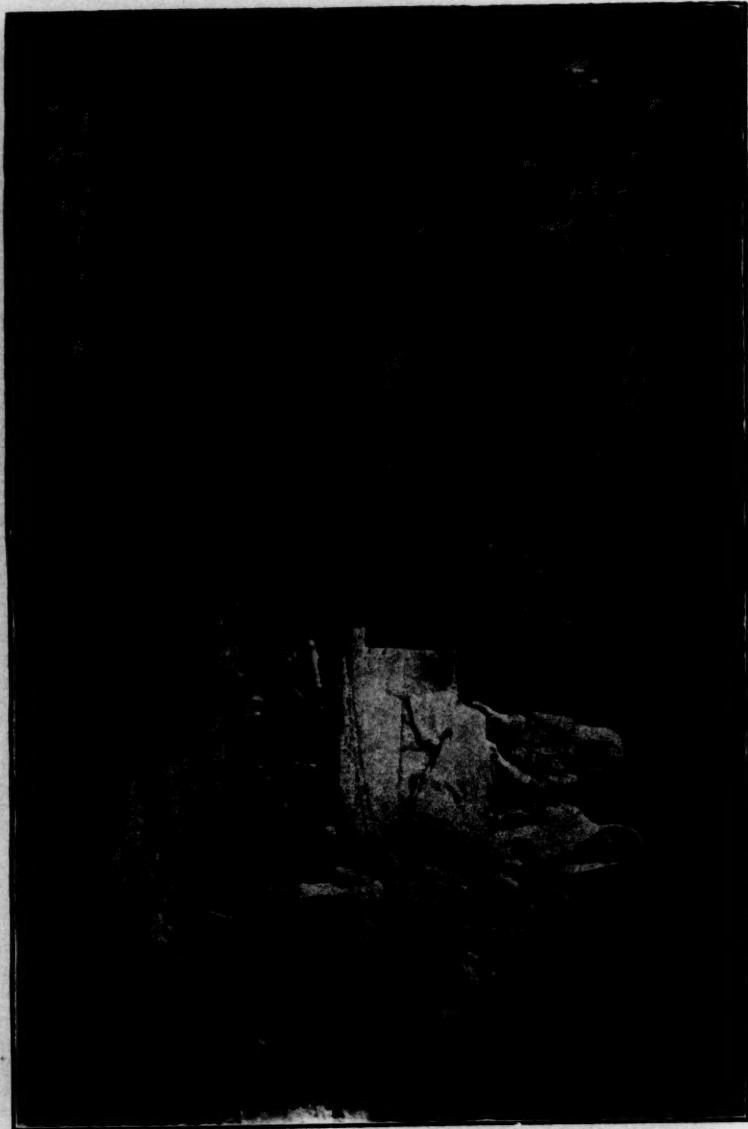
* Written for the International Congress of Nurses.

the Philippine General, which will be within a year, all city cases will be cared for in its wards. The San Lazaro Hospital takes care of cholera, smallpox, and other contagious diseases, with special departments in charge of male attendants and native helpers for leprosy, insanity, victims of drug habits, etc. The Bilibid Hospital is connected with Bilibid Prison, the largest prison in the world, and is a very complete new hospital of reinforced concrete, where an American nurse is soon to be put in charge. The Baguio Hospital is for the sick and convalescent insular employees and miners, as well as for the Igorots, a semi-civilized tribe, in the heart of whose country Baguio is situated. They are an interesting people, with their dog-eating propensities, their absurd half dress, etc. They are a bright, friendly, tractable people, and each day the dispensary at Baguio treats and cares for a large number of them.

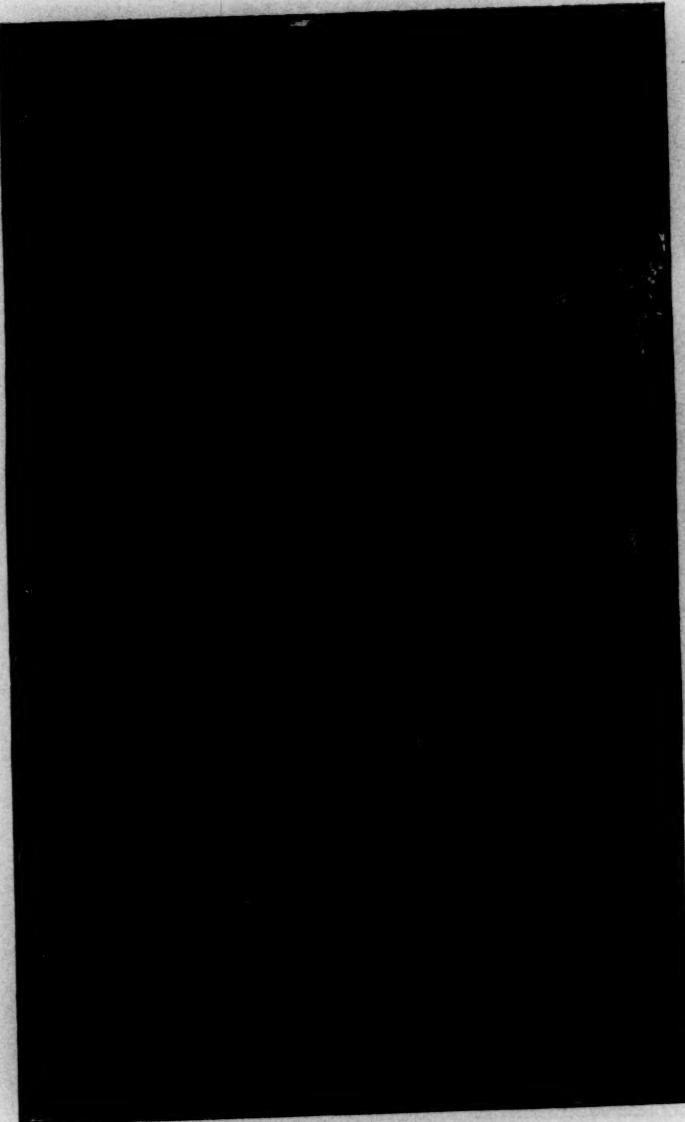
Baguio is a wonderful place, situated up in the mountains over 5000 feet above sea level, approached by an automobile road, which is one of the two finest mountain roads in the world; a place where one sleeps under two or more blankets at night, and can actually shiver in the day time; where one can find ice and frost in the cool season, and where the rugged rocks and pine trees help one's chattering teeth deny the fact that he is only a few degrees from the equator. It is with pleasure that I send you photographs of this wonderful country and its native inhabitants. The extremes of civilization seem here to meet, and the incongruities are manifold,—half naked Igorots mowing a golf course with American lawn-mowers, Igorots buttoned up in tight-fitting coats, but perfectly bare from the hips down, with the exception of their gee string or loin cloth, in which costume they frequently serve at dinners at which may be assembled the finest culture and brains to be found anywhere.

The Culion Leper Colony is the largest in the world. There are at present over 1800 lepers there, with several hundreds more segregated or awaiting collection. The work of collecting and caring for the lepers of the Philippines is most interesting. I hope to be able soon to send an article to the JOURNAL concerning it. At Culion there is also a large modern reinforced concrete hospital in the course of construction with a capacity of about sixty beds. The work is carried on by two American doctors and six French Sisters of Mercy. Thus far it has been impossible to find American nurses to undertake this work. A supervising nurse there to train the Sisters in more aseptic methods would be of the greatest assistance. It does not mean life-long isolation or anything of the sort. The four American employees, the Catholic Priests and Sisters, with

WHERE THE EXTREMES OF SPEED MEET. THE AUTOMOBILES PASS THE BULL-CARTS DAILY ON THIS MOUNTAIN ROAD
TO BAGUIO.



THE FAMOUS BENQUET ROAD, ONE OF THE TWO FINEST MOUNTAIN ROADS IN THE WORLD. ONE TRAVELS OVER THIS
BY MOTOR TO REACH THE BAGUIO SANITARIUM.



proper disinfecting precautions, come and go from Manila as often as they have the opportunity. It is a great field, of course, for missionary work, the children of the Colony being dependent upon the over-worked Sisters for their schooling, moral training, etc.

In addition to the foregoing work, which is actively and successfully under way, there are proposed new general hospitals for the various provinces, besides three great health campaigns which are just being started by the Director of the Bureau. One is the crusade for the reduction of infant mortality, another is a great hook-worm campaign, and the third, that now-familiar warfare against the omnipresent *tuberculosis*, which plague has attained the same appalling stature here as in other countries.

Towards the reduction of infant mortality, creditable work has already begun, but it is a work wherein American nurses will eventually figure in the way of supervision at least, and where graduate Filipino nurses will soon be of inestimable value. The great infant mortality, which is 44 per cent. of the total number of deaths, is chiefly due to improper feeding. Imagine babies a few weeks old (and even younger) being fairly stuffed with boiled rice! And frequently they come to the hospitals and ask if it will hurt their babies to bathe them. What a field right here for a Visiting Nurses' Settlement!

Investigations have shown that the impaired health and weakened conditions of the Filipino people (who are not a strong or enduring race) are largely due to the prevalence of not only tuberculosis but to the hook-worm disease, which latter in its capacity to enervate and undermine the system, seems to have no equal. Nurses will not figure in this work, however, for some time to come. At present it is conducted exclusively by the medical men and health inspectors of the various provinces.

The tuberculosis campaign is only just beginning and nurses are needed. It is proposed to build a large camp on the outskirts of Manila where all tubercular working people will be compelled by law to go at night and sleep under proper conditions, and where they will receive instructions from trained nurses as to right living, proper diet, disposal of sputum, etc., etc. After from four to six weeks of instruction they will be dismissed from the camp but will be watched to see if they are improving, etc. The work is not entirely formulated, but promises to be most interesting. Exactly what form the campaign will take in the provinces has also not yet been determined, but in the opinion of the writer it would seem most logical to begin with classes of instruction in the schools, followed up, if possible, by regular visiting from home to

home, giving them practical demonstrations in the matter of cooking, ventilation, hygienic and sanitary measures, etc. I feel that the best results will be obtained from systematic instruction of the school children and Filipino school teachers, which work has already been contemplated by the Bureau of Education but is being held back by a lack of competent teachers of nursing. As the difficulties of such work are colossal and the discouragements extreme, it is useless for nurses without a missionary or philanthropic spirit to undertake it.

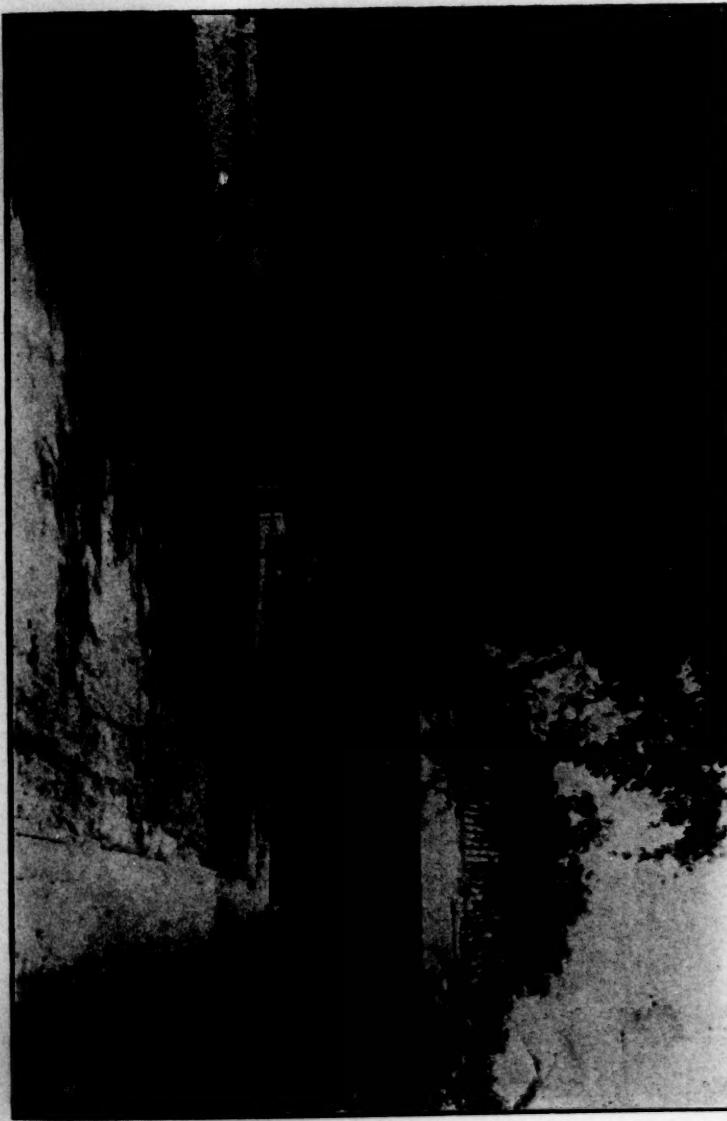
The balance of the nursing work done in Manila is accomplished by the University Hospital, St. Paul's, the Mary Johnson Memorial, San Juan de Dios, Sampaloc's and many out-patient dispensaries.

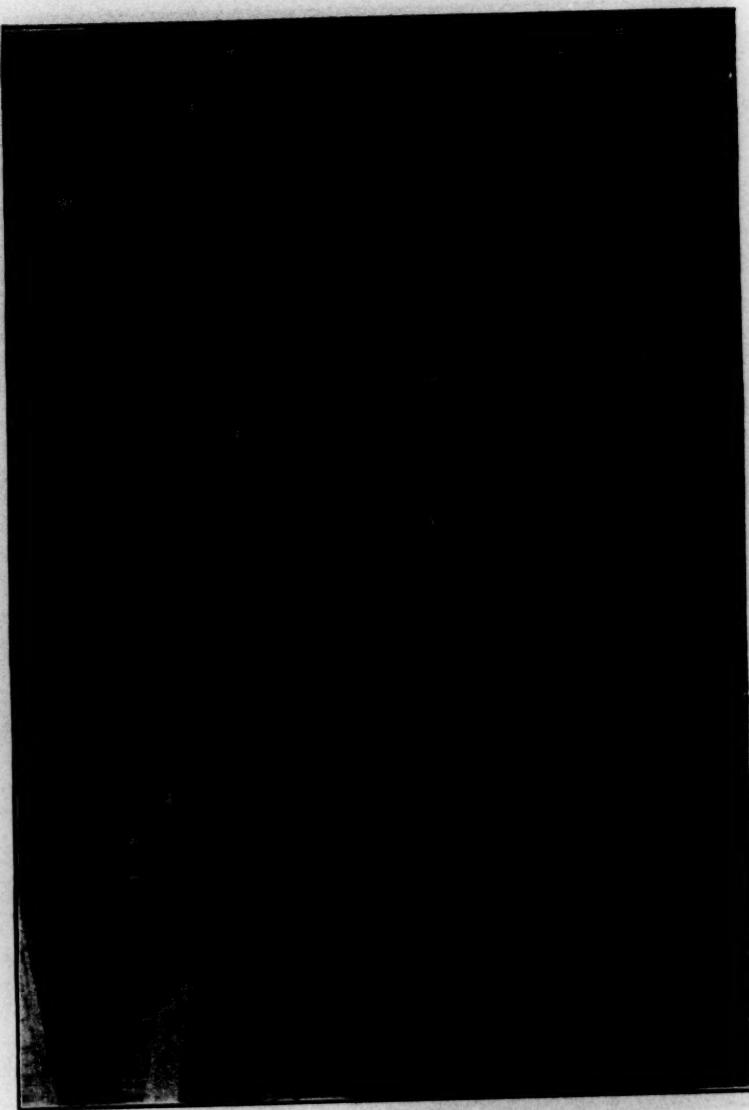
The University is an Episcopal hospital of about thirty beds, with a force of five American nurses. Two settlement workers are also maintained here, young enthusiastic women who are doing splendid work with an orphanage, the establishment of a most successful woman's exchange, neighborhood visiting, children's classes, etc. St. Paul's hospital is a large Catholic hospital of two hundred beds conducted by French Sisters of the order of St. Paul de Chartres. Here is a successful Filipino training school of twenty pupil nurses conducted by two American graduates under whom it has been two years in existence. The French Sisters of this hospital also conduct the Sampaloc Hospital, an institution of sixty beds, supported by and maintained exclusively for the prostitutes of Manila.

San Juan de Dios is a Spanish institution conducted by Catholic Sisters for the benefit of orphans, those feeble minded and insane, and paupers.

There are not more than six private nurses in Manila, yet the demand for them is enormous. The regular salary is at the rate of \$5.00 a day, but even at that price they cannot be secured. Probably this dearth is due to the fact that few people know much about the Philippines. The climate here is not nearly as trying as one is lead to expect from reports of tropical countries. The death-rate among Americans is only about 8 per thousand which is lower than in American cities. There are comparatively no poisonous snakes or insects and were it not for mosquitoes, very little fault could be found. It is possible to get almost everything here that money can buy elsewhere. Fresh milk is difficult to obtain, but good natural milk from Switzerland is available at reasonable rates. Green vegetables, strawberries, and ice are common articles. I trust there will be an awakening of interest in the work of these Islands, and nurses will be tempted to enter the field, not only for the nursing opportunities but for the exceptional opportunity of travel it affords.

THE NURSES' HOME OF THE CIVIL HOSPITAL, ONE OF THE MOST ATTRACTIVE SPOTS IN MANILLA. A TENNIS COURT TO THE LEFT IS NOT SHOWN.





THE PRESENT FORCE OF PUPI NURSES IN FRONT OF THEIR DORMITORY.

I will conclude this report with a brief history of the Civil Hospital and Training School for Filipino nurses.

In October, 1902, the Civil Hospital was established in Manila with Miss Julia Betts, a former Red Cross and ex-army nurse, in charge and with a force of four trained and one untrained nurses, and two attendants for assistants. The capacity was then about forty beds, but rapidly increased to eighty beds, with eighteen nurses and ten or eleven male attendants. With the development of the native training school, the force of graduates was decreased to the present number of twelve American nurses and six attendants. This hospital within the coming year will be merged into the new Philippine General, a most modern and beautiful group of buildings of reinforced concrete with tiled roofs. The entire scheme is designed to accommodate 1000 patients. Eleven buildings are almost completed. Each pavilion has a capacity of 60 beds, while the operating pavilion boasts of two large amphitheatres. The required nursing force will probably be 40 graduates as supervisors, 50 native pupil nurses, and a corresponding number of American and native male attendants.

One of the most interesting features of the work over here is the training school for nurses. This was started two years ago by the Bureau of Education as a specialized branch of the Philippine Normal School under Miss Mary Coleman, for six years Dean of Women there. Shortly after its inception the theoretical work was put in charge of Miss Charlotte Layton, graduate of Orange Memorial Hospital, N. J., who is at present carrying it on in a most able manner. The school started with sixteen scholarships, ten furnished by the Government and six by private individuals. After one year's study in the Normal School, six of these nurses were sent to St. Paul's for practical work, three to the University and seven to the Civil Hospital. After a short time, St. Paul's bought over their six scholarships and used these nurses as a nucleus for their own training school which now numbers twenty. The University Hospital did likewise and now has a training school of seven, with five more to enter next year. The seven sent to the Civil remain intact as the senior class and will be the first graduating class under the civil government. There were twenty-three in the next class, making thirty in all. There are twenty in this year's class and for each year hereafter. These twenty scholarships are covered by a special appropriation of the legislature and defray all the expenses of the girls appointed to fill them. The course is a four years' one, including the preliminary year in the Normal School. This is necessary on account of the youthfulness of the available material, but they are bright, con-

scientious girls, doing wonderfully good work. They are making splendid assistants in the operating room, and while they lack the initiative of the American graduates, yet they do so well under supervision that all interested feel greatly encouraged for their future.

I trust this report has given you a little idea of what is going on in this small corner of the world. Perhaps some of you will be inspired to cast your lot with ours. If so we will gladly greet you. It is a country of opportunity for nurses and all women with the right spirit. The work is entirely that of organization. We want nurses with new ideas, enthusiasm, and enterprise, not the salary-drawing variety, but the world-helping kind.

HOUSEHOLD HYGIENE

BY ISABEL MCISAAC

(Continued from page 26)

VII

HOUSE FURNISHINGS FROM A SANITARY STANDPOINT

THE choice of household furnishings must necessarily be considered from many points of view; usually the expenditure is the most important item to a majority of housewives and only too often the beauty, usefulness, durability, and suitability are sacrificed to economy. On the other hand many houses would be greatly improved if the family income was curtailed sufficiently to prevent the purchase of fussy inartistic furniture which is usually expensive.

From a sanitary standpoint *nearly* all houses are overcrowded with superfluous things; too many pictures, vases, cushions, fancy curtains and draperies, foot stools, and trashy decorations—passing fads which have nothing of permanency in them and requiring an immense amount of time and hard labor to keep them clean, or the health of the family is endangered by the dirt they harbor.

When economy must be the first thought in the purchase of furnishings, more thought must be expended upon the consideration of cleanliness and comfort. Take, for instance, the item of chairs for the living rooms; unless one has a very large house and servants to care for them, let us not buy upholstered chairs which are filled with dust (and bacteria), heavy to move, and, unless covered with good materials which are usually very expensive, are nearly always very ugly; in willow ware may

be found many good designs which are simple, strong, and very comfortable, the kind that fit your back and make you oblivious to a frowning world when you sit down to your best-beloved book, besides being easy to clean with every-day soapsuds. Of late years many chairs of artistic design have been made in such fine woods as mahogany, cherry, chestnut, and others, but they must be chosen with discretion for some of them are beautiful to the eye but vastly deceitful. An inlaid mahogany chair with rounds in the back, which are uncomfortable to lean against, is not desirable, no matter how beautiful and easy to keep clean it may be. The little spindle-legged gilt chairs which are supposed to be ornamental and from which all the stout ladies and gentlemen must be carefully steered or they and the chairs will collapse together, are singularly out of place in an every-day house, and every-day houses are the kind most of us must live in.

Portieres, sofa, and cushion covers are furnishings which should be chosen with critical eyes, for unless they are made of washable materials they afford lodging for innumerable bacteria. Denims and the heavy homespun linens in natural colors may be made into really beautiful hangings and covers and both may be laundered frequently. Rugs which are too large or too heavy to be taken out of doors often for dusting and airing should be avoided.

Beds and bedding are items of great importance from the point of sanitation; cumbersome wooden beds are so difficult to keep clean that metal beds are used almost exclusively in their place. Mattresses and bedding should be of good quality, which though expensive will be the best economy in the end. Cotton "comforters" should never be used, nothing more unsanitary was ever devised for bed covering. Blankets with good care will last a life time, are warmer, easily washed, and in every way preferable.

The protection of mattresses, pillows, and blankets by mattress pads, sheets, and pillow cases is one of the most important points in bedroom furnishing. Unclean beds may be considered fruitful sources of infection of all kinds and beds cannot be clean unless the bed pads entirely cover the top of the mattresses and the sheets are long and wide enough to fold generously over the blankets and prevent them from coming in contact with the occupants. The supply of bed linen should be bountiful, that changes may be frequent. Then let the beds be comfortable; a clean, warm, comfortable bed is a solace for "the cares which infest the day," while nights of good sleep are a powerful defense against disease. Bedrooms should be very simply furnished without too many pictures or ornaments.

In the kitchen, pantries, and cellar, simplicity, convenience, and durability should be carefully considered in selecting and arranging the furnishings. It is lamentable to see the numbers of women devoid of any constructive ability who waste their time and strength working in awkwardly arranged inconvenient kitchens which could easily be made convenient and attractive. Many times these conditions arise from lack of means, but more times they are the result of lack of interest and forethought.

The house-furnishing shops are filled with the most convenient, light, and really beautiful utensils which save so much time and drudgery compared to the old fashioned heavy iron ware and are not so expensive as to be beyond a small income. Nothing adds more to the convenience, comfort, and sanitary condition of a kitchen than a generous supply of towels, dish-cloths, holders, scrubbing cloths, and old linen for various purposes. Economy in dish-cloths does not mean clean dishes, and unclean dishes mean disease. The indiscriminate use of hand- and dish-towels and other linen is common in many households. Pillow cases and table napkins are used for towels, and bath-cloths are in turn used for dish-cloths, which is not only unspeakable housekeeping but dangerous.

When some one must spend much time in the kitchen why not have it as convenient and attractive as possible? It may not be beautiful but it can be cheerful and comfortable, which is, after all, the great attraction in most rooms. The writer has a speaking acquaintance with a little kitchen 12 x 12, the floor covered with blue and white linoleum; the wall paper blue and white glazed paper which can be washed; a white enamel sink in the corner; an oak dish cupboard which once did duty for a book-case; some shelves filled with blue and white jars for salt, sugar, and spices, a table, a range, and last but not least, two west windows which are covered with an awning made of grape vines, and which at the present time are filled with beautiful clusters of grapes, making a picture which causes one to forget that three meals a day must be prepared as long as the world stands.

There is no end to the details of sanitary house furnishings which might be embodied here if space allowed; but in the end the whole may be summed up in a very few words, viz.: to avoid overcrowding, over-decoration, and to carefully consider the points of cleanliness and comfort as well as the suitability, durability, and expense.

(To be continued)

A TRAINED NURSE'S EXPERIENCE WITH THE EMMANUEL MOVEMENT

By EDITH M. AMBROSE, R.N.

Graduate of the Presbyterian Hospital, New York

WHEN one considers that our whole life is made up of suggestion, and that no impression on the mind good or bad is lost, one has some inkling of its power. The use of suggestion is, of course, no new idea, except in the sense that until the latter part of the nineteenth century, no conscious use has been made of it, in this country, for the alleviation of suffering.

In an article entitled "Psychotherapy and the Trained Nurse," in the June number of the *AMERICAN JOURNAL OF NURSING*, by Walter Morrit, Ph.D., many reasons are set forth why the trained nurse should make a serious study of the psychology of suggestion for use in the treatment of nervous disorders. It seems to me that we might even go a step further and use it in the treatment of all diseases: is not every ill person more or less nervous? and are not good suggestions as effectual for the well as the ill? I can recall many instances of the power of suggestion and autosuggestion in my hospital experience, but one example comes vividly to my mind. It is that of a man brought in by the ambulance suffering acute abdominal pain. While waiting for the doctor to arrive, I did the usual thing and put a thermometer in his mouth. Being suddenly call'd away, I quite forgot the poor man and left him for fifteen minutes holding the thermometer, but on my return he exclaimed, "I feel very much better already and would like a glass of water to take the taste out of my mouth." A few minutes later he said to the doctor, "Doctor that medicine the nurse gave me did the trick, can't I have one more dose?" I explained all to the doctor who then ordered the dose repeated and the patient left the hospital the next day entirely cured. This was autosuggestion. How many instances of the miraculous power of the placebo can every nurse recall!

So much for its general use; the particular field for its conscious use is in the treatment of functional nervous disorders. A nurse who understood the giving of suggestive treatments and the directing of physical and mental relaxation,—in other words the re-educating of nervous people,—could, under the guidance of a physician practicing psychotherapy, be immensely valuable. When one reads Paul Dubois's book, "The Psychic Treatment of Nervous Disorders," one is led to think

that every disease is controlled by the mind, and when one really thinks about it one is forced to admit that this is the case. A German physician in a book entitled "Dietetics of the Soul," says: "Much progress has already been made and the opinion is daily gaining ground, that not only the feebleness but the actual diseases of the present generation depend more on our moral than our physical condition; and that they cannot be prevented by the bracing systems or the hardening experiments of a Rousseau or a Salzmann—by exposure or cold baths. To guard against them, or, if God wills, to extirpate them, requires a higher culture and that, too, of different kind, and here the first step must begin with ourselves."

The principles of the Emmanuel Movement are plainly set forth in an article entitled, "The Emmanuel Movement from the Standpoint of a Patient," but in case my readers have not seen this pamphlet I quote from it: "The means employed may be classed under the following heads: I. Moral and spiritual re-education, (a) by personal interview; (b) by attendance at the Emmanuel class. II. Correcting the subconscious activity, (a) by waking suggestion; (b) by autosuggestion; (c) by profound suggestion; (d) by work."

In a word it is the curing of functional nervous disorders through the psychotherapeutic application of the religious ideal. The principles are further set forth in an inspiring article in the July *Century*, by Dr. Worcester himself, but nowhere are they more clearly demonstrated than in the life and work of Christ. If one studies Christ's method of healing one sees clearly that He used two principles, Faith and Suggestion and that He understood the use of the latter as no man or woman can hope to; the best we can do is to try to get His spirit into our work-a-day life and help others feel its power. From Dawson's "Life of Christ" I quote the following: "We have already seen that the closer we come to the personality of Jesus, the more does the conviction grow that there was an element in that personality which transcends all that we know of ordinary human nature. With a single glance or word He was able to produce immeasurable effects on individuals. Even in His last humiliation, when armed men rushed upon Him in the garden of Gethsemane, there streamed from Him a power that hurled them backwards, and brought them to their knees. Is it not then conceivable that this force of personality should have an extraordinary effect upon disease? A case in point suggests itself from the life of Catherine of Sienna. Father Raymond relates that in the time of plague in Sienna, he came home exhausted from his labors and felt himself sickening for death. Catherine then 'laid her pure hands upon him' and prayed over him,

and sat by his side till he fell asleep, and when he awoke he was perfectly well. The story suggests at once the case of healing by magnetic force or hypnotism, joined with strong faith in the person healed. Many of the cures wrought by Jesus suggest the same process. He usually demands faith in the sick person as a condition of the experiment He is besought to make."

Dr. Worcester in his use of the power of suggestion has brought health to many who considered such a thing utterly unattainable, and has also shown them through the power of Christ's ideals where their true happiness lay. It is interesting to read the many accounts of help received, which come daily through the mail to Dr. Worcester; and with his permission I insert a copy of one which will no doubt interest the readers of this article, as an example of suggestion through written advice: "Dear Dr. Worcester: I want to tell you how much you have helped us through the *Ladies Home Journal* article. I am the wife of a physician and was a trained nurse before marriage. Almost all of our married life my husband has been ill, and as we were very poor we had a struggle. He had an attack of tuberculosis (pulmonary), about a year after we were married, and we sold everything at a sacrifice and came out here. After a while the lung trouble ceased but strength did not return; there were digestive troubles and great nervous irritability. For about a year I have been sure, in my own mind, that the trouble was, now, largely nervous and was aggravated by a fear of relapse and prostration should he use the strength that was present. When I read your article on suggestion in natural sleep, I tried to use it to help us, but there were some difficulties. My husband and I slept in different rooms, that is, he still sleeps out of doors, and then I am a very sound sleeper, who can scarcely keep awake after the day's work is done, and he slept very badly. We are both Christians and have prayed daily for health to return. I tried drinking coffee, even taking caffein to keep awake, but could never find him asleep when I was ready to 'suggest.' One night I asked God very earnestly to help us to do this thing. I had great faith in its helping if I could do it, and then I went to sleep. I waked, it seemed that something said to me 'now, now!' and I sent my whole soul towards my husband and whispered the things I would have him believe, and as soon as I had done so I was asleep again. I was hardly fully awake at all but intensely conscious of what I wanted to tell him. We were in different parts of the house, I do not know what time of night it was, but I believe that God helped me to help my husband, for he awakened a new man full of energy and purpose, and free from all fear of not being able to do things, free from indigestion, headache, and nerves. He

has taken up and built up his practice, eats heartily, and sleeps soundly.

"Is it not wonderful? There have been one or two slight relapses but I have no fear and am very grateful to God and you. May He guide and sustain you in the work you are doing. The world is very full of sorrow and pain and how little we know of the powers God has put within us to better our conditions."

Dr. Worcester found many reasons why he should begin such a work; first his study of Christ, His work and His methods, and second his studies in physiological psychology, together with his association with Fechner, the great German psychologist and philosopher. These led him to see what right thinking might do towards bringing health and happiness to the human mind. To quote Dr. Worcester directly, he says: "From Fechner, Wundt, and James I learnt how delicate and powerful an instrument for the improvement of human life the modern psychology places in our hands," and, "If psychology has taught us to apply calming and helpful thoughts to the human mind, why should we not thankfully make use of its valuable aid?" Dr. Worcester hopes, as he says in his article, "to have an institute which shall include a small and beautiful psychopathic hospital and a school of sound learning. Here physicians, clergymen, psychologists, medical and theological students, and a select group of social workers could receive the instruction and experience necessary to qualify them in their several capacities to this work." This would of course include a post-graduate course for the nurse.

It seems to me that every nurse should be as careful in considering the individuality of her patient as the doctor in considering every part of the physiological body in making his diagnosis. If one is to help another, one must thoroughly understand his point of view, and the best way to get this is to think oneself in the place of the patient. If the nurse, in studying the patient, places herself in his position as far as possible, and calls forth his virtue and goodness she very soon gets his full confidence. As our German physician says, "Encourage your patient by the assumption that he possesses certain faculties and they will develop in him; look on him as capable of cultivation and he continues so." In this way she will see every possible opportunity to stretch out the helping hand until the rough places are made smooth, and by faith and good suggestion mountains of doubt and fear are removed.

The nurse who is best fitted to this work is the one who has passed the "flighty" stage, and has convinced herself that "egoism is the real curse of the human race" and that until man is freed from it he is unfit to take his place in society; "that all nature is but an echo of the

mind; and from her we learn the highest of all laws—that the real springs from the ideal; that the ideal by degrees remodels the world." Where the patient is too ill to adopt a system of curative reading and exercise, he should associate with some one more powerful than himself and imbibe from that person the "bread and milk of mental health." Faith in one's own ideal is the key-note of success in this work and we must realize that faith and sound reason are the secrets of happiness and health. "Faith," says Dante, "is the supreme energy by which the soul attaches itself to God, or good; through this union the life of God enters the body of man, making him a new creature, ennobling his purposes, renewing his mind, and purifying his love." "The inner man is after all but one—one force—and the object of cultivation should be to give strength and direction to this force." From all this one sees that in order to use this power to the best advantage, one must be convinced oneself. It is not enough for a nurse to know the power of suggestion through reading, she must have *felt* its power herself; having done so she will have far greater influence with her patient. Moreover if she consistently carries out her own suggestions, her words will carry double strength. She must also have a thorough knowledge of relaxation from the physiological standpoint, sitting, walking, and standing, as it is most important to get all strain off the nervous system, and her knowledge along these lines is of immense importance to the patient. She must not only be convinced that suggestion is good, but must scientifically understand how to use it from a psychological standpoint.

Here is a letter illustrating this point which I received from a patient last winter. "I think your suggestions as to sitting, standing, and walking were just what I needed. At any rate the thought that there was something definite I could do to improve my condition was a useful stimulus. If I can progress as far proportionately in the next six months as I have in the past six weeks, and keep what I have gained I shall be satisfied, no, delighted! I have reduced my hours of rest during the day from three to two, and find that even with this reduction I can spend an hour a day in some gallery or museum without getting too tired, and two months ago this seemed an ideal forever unattainable. The constant tenseness which has bothered me for five years has departed, except for a few hours at a time after some unusual exertion, and for nearly three weeks I have been free from insomnia, which had followed me for many months. Your letter came January 7, at a time when I was awfully depressed and discouraged with apparently no energy of mind or body, but since that time I have felt well, and if another such time comes, I shall remind myself that it is only temporary, and that

it may be the prelude to another period of gain such as the last six weeks has been. I have constantly suggested to myself relaxation and tranquillity and steadiness, and I feel that I respond more and more readily to the suggestion. Thank you again and again for your kindness in writing to me. Very gratefully, etc."

Another letter from a business man in Boston which bears witness to the efficacy of direct suggestion is as follows: "My dear Miss Ambrose: Your kindly letter with statement enclosed has just come to hand and I hasten to send my check in payment of your charge which is most satisfactory, inasmuch as I should find it very difficult to estimate in figures the worth of your very valuable services during the past months. I hasten to express again to you my very sincere appreciation of your kind efforts. I assure you that the services you have rendered, supplementary to the kindly start given by the good Dr. Worcester, have proved most valuable and efficacious. I can only hope that when others are similarly afflicted they may be as fortunate as I have been in finding such kind and efficient helpers." This man was a severe case of neurasthenia; not only did he recover but he did so without having to give up his business.

Physical, mental, and moral hygiene are subjects which such a nurse must have at her fingers' ends, she must know that true happiness and genuine virtue are based on self-guidance, she must not only "know," but "be." A faith in the power of the spirit within to heal the body is the power which we must constantly strengthen in each one of our patients. "The mind has also its bright point—a hidden sanctuary of clearness and serenity, whither no storms or nightly shadows can penetrate. Here should be our resting place—our house. Its preservation and enlargement should be a constant object of our care."

A NURSE OFF DUTY IN MEXICO *

By MRS. H. INGERSOLL

Graduate of the John Sealy Hospital, Galveston, Texas

It was not many days after our arrival at the Magdalena Smelter, where my husband was manager, before I found that I could help him in many ways. I had no household duties so it was something to keep me busy.

I took it upon my shoulders to count the pay roll. That does not

* Read before the Graduate Nurses' Association of Texas.

sound like much, but when there is a thousand dollars in small change, say ten- or twenty-cent pieces, that have to be put up in three-dollar packages, it takes some time; the other two thousand came in bills and dollars so that was easily counted. Saturday I helped pay off, but the men who brought the wood would present their tickets at any time; if I was taking a bath or a siesta, I would hear some one calling, "Nina," "Senorita," etc.

One day the mechanic brought a man who had been hit on the head by a flying rock and asked me to sew the fellow's head up. I was half blind with a headache, but between us we got him fixed up. My reputation was made; seldom a day passed without my being called upon to dress either a burn or hurt, and it was a pleasure to do it, for the poor creatures were so grateful and never cut up when I was hurting them.

The mechanic's father had been a doctor and he thought that he knew it all. I found him applying vinegar poultices to a badly mashed finger, the wound going to the bone. The inflammation had reached the elbow. It took me five weeks to get it so that the fellow could use his hand.

In all my surgical cases I would give K.I. and keep the bowels open and they all did well. I only had one or two medical cases,—generally as soon as one of them would begin to feel sick they would start for their "tierra," and I would not be called upon to treat them. I dreaded the cases of those who were "leaded," but fortunately they were rare.

I was called one night to come and help dress several cases that were hurt in a cave-in in the mine. I found four that were rather badly hurt. One old chap had his head cut open in several places, a fractured jaw, a broken arm, and a bad cut on the leg. I fixed him up as best I could with what we had and put him in a cart to send to the hospital in Oaxaca. They got him as far as Tule, and he would go no farther as it was his home. He insisted that I had "cured" him. These people have an awful fear of the word "hospital" and won't go there if they can help it. The whole time that I was working on him he never flinched, sat there and smoked; when I was through he asked for a drink. The other fellows got off lightly with only scalp wounds.

A horrible thing happened there. The dynamo got something the matter with it one night and the lights all went out. At such a time there is always danger of a man who has a grudge against another getting even with him, and all the white men went down to the Smelter at once to help get the lanterns lighted. The dynamo was repaired and all left except the Smelter force and the assayer. At last he started for the house, and being very absent-minded he walked out the door that led

to the hot water tank and into the tank. He was horribly burned and lived only ten days. The doctor came out from town every other day, but between times the responsibility fell on me. It was an awful experience.

It was not all work and no play by any means. I would ride up to the mines with my husband twice a week; other days I would ride alone. My horse had a reputation for being a bad horse and when the Indians would see me coming they would get out of my way in a hurry, so I was never troubled by them. Mitla was only a three hours' ride from the Smelter and I used to take those who visited me over. Oaxaca was three and a half hours' ride and I went into town quite often, where I had many friends; then there were often visitors at camp.

The only time that I have had an unpleasant experience was during the earthquake two years ago. My husband had to leave for Mexico City on business on a Saturday, one of the owners of the Smelter came out from town and helped me pay off on that day. Bright and early the next morning he started for town. Had I known in time, I would have gone in also, for the smelter was closed down. I was the only white woman there, and the men who were there were a rough set. I saw nothing of them all day Sunday for they were drinking, but along toward evening they came up to their rooms. I went in and went to bed as soon as I had supper (for it was very noisy outside), with the pistol on one side of the bed and the rifle on the other. I was not afraid, even with two thousand dollars in my trunk, but after I had heard a shot fired I began to get nervous. Up to eleven it was awful, then things quieted down, and I was just dropping off to sleep when my bed began to do all kinds of fancy stunts. I immediately thought that some one was under it, so I jumped up, but when I felt the floor moving I knew that it was an earthquake and I decided that I would rather run the risk of the walls falling in than face those drunken men.

When we left the smelter we came out to the Sierra Juarez. It is forty miles to the railroad over the mountains, where one climbs up just to climb down. It takes a good rider and a better horse to make the trip in eight hours. All our groceries and, in fact, everything except meat and vegetables come out on the pack mules. It generally takes them three to four days to make the trip out, so one tries not to run out of things but keeps a supply on hand.

When we came out here to live we made the trip in two days, stopping over night at the Parada. We had a pack mule with us and not being accustomed to the horses she would not follow, so my husband led her and I rode behind and used my quirt as a persuader.

This is the most beautiful place that I have seen in Mexico; a narrow gulch shut in by tall mountains with the clearest stream running through it, and a nice climate even though we are so near the "hot country." But when one gets sick, it seems as if you had better make up your mind that there is very little chance for you. I went to bed with an attack of malaria, so I thought, but three days after I knew that I was in for a spell of inflammatory rheumatism. A boy was sent off post-haste to Oaxaca for medicines, but in the meantime we had to do the best we could with what we had. My husband turned out to be a very good nurse and when I was not out of my head I told him what to do. The medicines came and I got over the worst of it, then, like most nurses, I *would* get up. In four days I was back in bed with a relapse and there was not a joint in my body that was not infected. Unable to move, I was not an easy patient to take care of, and I often wished for a nurse who could do for me without having to be told what to do and how to do it.

It was decided that as soon as the fever left me they would take me to Oaxaca. From Thursday till Saturday I was free from fever, so on a Sunday morning the chair was brought to the house, I was carried out and put in it, and we started. Quite a procession I led, with the four Indians who were carrying the chair, followed by the other four, each carrying something, a canteen, my canes, etc., then the pack horse and anywhere along the line was my husband. It took us seven hours to reach the Parada. My, but it felt good to get to bed again. A good night's rest and an early start and we were at the Cumbre very soon. Then came the big drop. Down we went, the Indians in a dog trot and it seemed that we would never reach the bottom. It's about a four-thousand foot drop without any let-up, and where every jolt was pain it seemed that we would never get down. But all journeys have their end and we reached ours, eight hours after leaving the Parada, tired, but feeling better.

THE article on "Day Camps" read at the Tuberculosis Congress in Washington last autumn, has been translated into French in the *Bulletin Professionnel*.

Kai Tiaki records the admirable work of a fully trained and registered nurse and midwife who is a Maori woman and the first Maori nurse, who has recently been sent by the New Zealand government to work among her own people during an epidemic. Her name is Nurse Akenehi Hei.

THE BAKING OVEN

BY CHARLOTTE EHRLICHER, R.N.

Superintendent of Nurses, German Hospital and Dispensary, New York City

THE baking oven which has been in use in the German Hospital for over three years is shown in the accompanying illustrations with a patient in it. It is used for cases of rheumatism and nephritis, for gynaecological cases where there is pelvic congestion, in fact for all cases where it is desirable to produce activity of the skin and lower the blood-pressure.

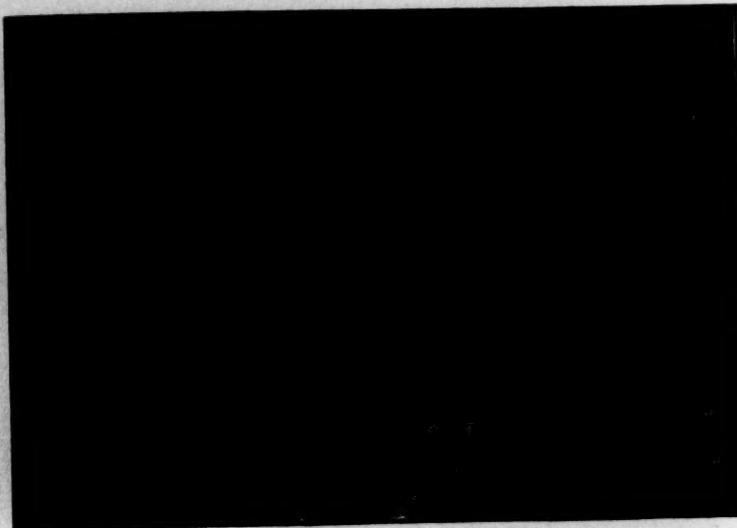
The oven stands in a room assigned for that purpose, which contains no other furniture except a couch, a chair, and two smaller ovens for baking single joints, such as the knee. The nurse takes the patient in a chair or on a stretcher to this room, taking with her an ice-bag for the patient's head, blankets in which to wrap the patient, alcohol and towels with which to rub her, and a bottle of seltzer. After the patient is wrapped in the blanket, the cover is closed, and canvas curtains at each end are tucked in to retain the heat. The gas is lighted below, and a thermometer inserted above between the two little chimneys. The patient remains in the oven from three-quarters of an hour to one hour, at an average temperature of 200° F. to 250° F. Some patients, after frequent treatment, can stand heat of 300° and over. A nurse remains with the patient, and the pulse is watched but is not recorded unless so ordered. Stimulants are at hand in a nearby medicine closet, otherwise they too would be taken into the room. The results have been so satisfactory that the oven is kept constantly in use.

SCHOOL NURSING IN NEW YORK CITY

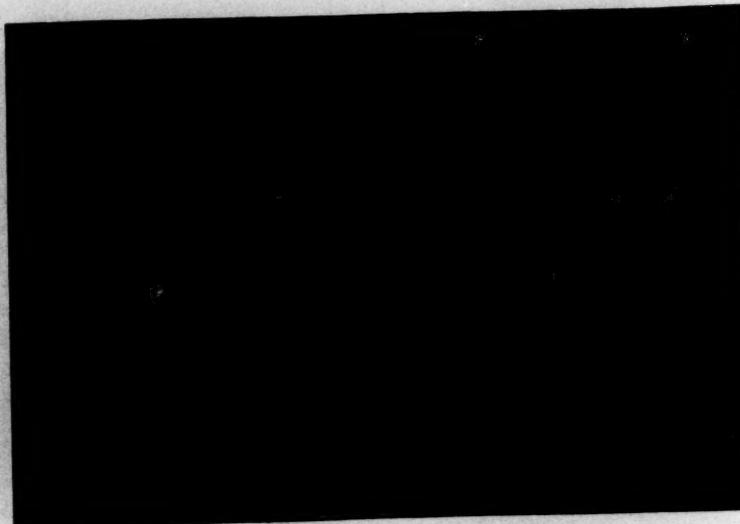
BY ANNA W. KERR, R.N.

Graduate of Bellevue Training School; Superintendent of School Nurses for the Department of Health

THE medical inspection of school children in New York employs a force of 156 inspectors and 141 nurses. Beginning as it did with the idea of preventing the spread of minor and major contagion in the schools, with the advance in the study of child life it now includes, first, the physical examination of each pupil by the medical inspector



THE BAKING OVEN, OPEN



THE BAKING OVEN, CLOSED.

for the discovery of defects which may impede the child's progress in school, prevent his normal development, or cause him needless suffering; and second, the constant instruction by the nurse of both children and parents in the laws of hygiene and the necessity of preventive and corrective measures for physical defects. The successful carrying out of this system requires the thorough co-operation of principals, teachers, parents, doctors, and nurses for its best results.

This is comparatively a new field for the work of the nurse, and it demands a thorough general training, endless patience and tact, training as a social worker, a knowledge of the laws governing living conditions in the city, thorough acquaintance with all hospitals, dispensaries, and charitable agencies and the constant study of hygiene in all its branches. Her work is in great measure instructional, for it is no part of the system to supply care of the sick by trained nurses but to demonstrate and instruct mothers and children in the first principles of health. If the endless repetitions and the monotony of it are wearing, they are counteracted by the hopeful nature of the work, which is only in its infancy.

As Greater New York includes schools in the rural parts of Richmond and Queens boroughs, the work must necessarily be modified by conditions, but the working plan is the same in all of the 458 schools included in the system.

Take, for an example, a large model school of 2500 children in a crowded Italian district, whose influence for good is felt throughout the neighborhood and whose principal takes the keenest interest in every detail of the school work. The nurse working in this district has two schools to look after. She reports for duty each day at nine o'clock and the morning hours are divided between the two. The school nurse's uniform consists of white apron with bib and badge as nurse of the Health Department. In a room assigned to her for that purpose she receives and treats or instructs all children sent to her by the inspector and those referred to her by principal or teachers. The treatment cases are limited in number and according to a regular formula, as it is done more as a demonstration to the child or the parent as to how to care for themselves. Demonstrations even include washing the hands and the proper cleaning of the teeth. Cases needing continued treatment are referred for house or dispensary care.

Instruction for physical defects is done singly or in groups, and circulars on the care of the hair and teeth are given to each child to take home.

Class or routine inspection is inaugurated at the beginning of the term by the inspectors and kept up by the nurse at intervals. At these

inspections, the eyes, hair, skin, mouth, and throat are examined, the child being instructed to take such a position that he need not be handled. Several classes can be inspected daily, the names of the children needing treatment being placed on an index card and kept there under the nurse's observation until the child is well, and the name discharged from the list.

A certain number of children found on examination to have defects are turned over to the nurse each day, and notices sent to the parents that such defects have been found and advising that the child be taken to a physician. In some cases the notice to the parent is all that is necessary, the child being put under treatment by the family physician and report to that effect sent to the principal. The careless, the indifferent, or those who are not able to afford the expense of remedying the defects are the nurse's care. The parents are summoned to the school for a consultation with the school nurse and are instructed by her. Much of this work can be done in the schools, but several hours a day must be devoted by the nurse to the home visits, where her best work is done. There are many pitfalls in the way. She must not diagnose cases, she must not interfere with any physician's practice, etc., she must not antagonize the family, and she must know their language, understand their customs, and respect their pride, and she must see that the defects are corrected, glasses supplied, that tea and coffee are cut out of a child's diet and milk and eggs substituted. These things she does, and is rewarded by the gain in the child's condition.

At a given signal children whose names have been previously sent to the teachers go to the medical room to see the inspector. At another signal those who are to see the nurse are excused. Each child carries with him a card, which is stamped by inspector or nurse, showing that the child has been treated or instructed and accounting for absence from the class-room. This is a most methodical way and saves endless confusion and is satisfactory to both teachers and nurses.

Some opposition is met with, much ignorance and indifference have to be overcome, but the results are satisfactory. During the school year of 1908-1909, about 300,000 children were given a complete physical examination by the inspectors. Three-quarters were found to be suffering from some non-contagious physical defect and of this number more than half had treatment provided by their parents. These figures show the magnitude of the work and the results due to the nurse's efforts. It is plain that in this branch of municipal health work there is a broad field for the nurse.

MODEL HOMES FOR WORKING GIRLS

By MARY E. THORNTON, R.N.

THE Tenements Committee of the Woman's Municipal League of New York has for a part of its program for the coming year a demonstration of how two working women can make a complete home in a two-room flat at a weekly rental of \$2.65.

One of the members of the committee, Miss Gertrude Barnum, has fitted up such a flat at 416 East 65th Street, where she is "at home" to visitors every Thursday afternoon and evening. One Thursday, the writer was among those who enjoyed her hospitality.

The decorations of the model tenements are in marked contrast to the tawdry embellishments of the ordinary flimsy apartment buildings, whose art some one has described as a cross between early Pullman and late North German Lloyd. The exterior of the model dwellings is of simple, substantial character, brick, with stone entrances and trimmings, and all rooms have windows which open either upon the wide, well-kept streets, or on large, light, immaculate courtyards.

On passing the threshold of the building one finds her dream of marble halls coming true, for the common hallways are built of materials upon which you could turn a hose, and it is evident that the superintendents do not economize on soap and water. The tasteful dark green and buff Bostonesque walls are shining clean and the pretty stone floors and stairways are a constant reminder of the big "wipe your feet" mats at the entrances. No one would think of stepping upon such a floor without wiping her feet, and there beginneth the first lesson.

It is surprisingly still in the buildings, as all partitions between dwellings are deadened; and it is so light that one does not grope and stumble as in most apartment houses. Nothing is in the passages to stumble upon; in fact, the only evidences that the residents use pails and bottles or have garbage and rubbish to throw away are the significant green doors of the dumb-waiters on each landing. Garbage is disposed of so immediately and completely as to leave no odors behind, and plumbing is of such quality that sewer gas is unknown. All lavatories are private—one inside of each separate flat.

When we come to flat forty-two, the electric buzzer works and the door opens promptly into a small private hallway with a shelf and coat-hangers at one end, for hats and wraps. The "study" is the first room, and a bright hospitable appearance it presents; woodwork, with black

Flemish oak finish; walls, buff; buff and red window curtains and hangings, and a nice, plain, built-in piece of furniture which looks like a book-case—but there comes a surprise! The book-case proves to be a china closet, full of fetching, talkative, red and white cups and saucers, pitchers, bowls, etc., all bought at a neighboring "3, 9, and 19 cent store." Behind a black Japanese screen is hidden a gas range. Behind a tall, green screen is discovered a white enamelled kitchen sink and white porcelain wash-tubs. And you sit down in astonishment with a realization that you have been completely fooled by the desk and desk chair, the little round black oak centre table with its brass lamp and magazines, the large black wicker cushioned arm-chair, etc. This room isn't a study! It's a tenement kitchen!

Next, one is permitted to peer into the closets, with their strong clothes-hooks and good wide shelves and hat cupboards; and to examine the quarter gas meter and the "A Number 1" plumbing in the lavatory (which has a window opening to the court). Then comes the "drawing-room."

It is at this juncture that you decide to give notice to your landlady, abandon your hall bedroom at the boarding-house, and have a drawing-room all your own. Such a cosy couch and pillows and perfect-lady window curtains! A window box with bright geraniums, dear of rugs and rockers and settees; and another closet! Listen. When you open that closet door you know that you have been fooled again. Lingerie, it contains, kimonos, and slippers. Yes, fooled again! The drawing-room is another fake. It's a bedroom under its cloaks. The settee opens to reveal spick-and-span shirtwaists. The couch cover comes off to reveal a white bed-spread and hemstitched pillow slips. The chest of drawers unfolds at the top and becomes a bureau with drawers full of combs, brushes, face powder, nail files, and what-nots.

So you rush off to your own address as fast as ever you can get there, pack up, and say farewell forever to the long-faced, rickety furniture, and wheezy gas jets of your top-floor-rear bedroom. And you wonder and wonder why you have ever stood them all these years, and breathe a prayer of thanksgiving to the Woman's Municipal League Tenements Committee whose "sphere" most truly is "the home."

NEW ZEALAND's national association is formed by the amalgamation of four local groups, with Miss Maclean, the assistant inspector of hospitals, as president.

MILK STATION WORK IN PITTSBURG

BY LEONTINE CREMERIEUX

Graduate of the Medico-Chirurgical Hospital, Philadelphia

THE Pittsburg and Allegheny Milk and Ice Association is doing wonderfully good work by supplying milk for babies, nursing mothers, expectant mothers, and the needy sick. There are nine stations, seven in charge of nurses furnished by the city—Misses Ott, Macpherson, Chatham, McCarthy, Frank, Smith, Mrs. Lynn—all graduates of Pittsburg schools, who have passed satisfactory examinations required by the Board of Health. The salary is \$75.00 per month and car fare. The other two stations are in charge of Miss Martin, supported by the Milk and Ice Association, and myself, who am paid by the Bath and Wash House Association. The Milk and Ice Association furnishes all the milk and ice necessary at these stations. I am dispensing 132 quarts, 10 pints daily at the present time; 3674 quarts during the month of August. The stations in charge of city nurses are open for four months, beginning June 10, the others as long as needed.

Each nurse has a stated hour for dispensing the milk, after which she visits the families that receive it, giving instruction to the mother on the care of the babies. Many a family has more than one under three years old. The nurse also examines all infants under three years old who are reported ill, and advises the mothers to consult their family physician. If they have no family physician they are referred to the physician in charge of the clinic connected with each station. These clinics are held daily. The physicians are experienced in pediatrics and are giving their services gratis.

Mothers' meetings are held every two weeks at each station, every one being invited who is interested in the work. They are very well attended and appreciated by the mothers. Dr. Dranga, medical director of the Milk and Ice Association, talks on the care of the babies. The mothers are at liberty to ask about any problem they cannot solve,—bathing, regular feeding, care of bottles and nipples cannot be repeated too often. After the talk a little refreshment is served.

To each family receiving milk, ten pounds of ice is delivered daily to the home. The order is sent by the nurse, whose signature is the only one recognized by the Ice Company. The families that have not the convenience of an ice chest are taught to make one of a box, usually a soap box, and two tin pails. The box is interlined with small layers of paper, inside of which are placed the pails, one within the other; then from the outside of the outer pail to the interior of the lined box

it is tightly packed with paper or sawdust. This can also be used as a fireless cooker.

We find a few who do not wish to accept charity, wishing to pay a little. The following is the price list: milk, 5 cents a quart; modified milk, 2 cents a bottle; ice, 5 cents a week; nipples, 2 cents each; empty nursing bottles, 3 cents each. Modified milk is delivered in baskets holding the number of bottles, according to the feedings required. I never sell a nursing bottle without nipple, as they often wish me to do. A nipple is apt to do service a dozen times its value. When it falls to the floor it is often wiped on a dirty apron, then put on the bottle. When a bottle falls, this usually means another one.

Walker Gordon laboratories furnish all the milk used. A few mothers modify the milk after instruction; for the others we must have the milk prepared at the laboratory. The majority of the babies are starved either by the lack of food or improper nourishment. The mothers are not nourished. I have had a few cases under my care, where children between two and three years old are still nursing. When mothers are told not to nurse them their reply is, "I have nothing else to give." Pittsburg feels the financial depression more than any other locality. Many of the men of these homes make one dollar and a quarter a day, and work only three days a week. Some have had no work for two years.

Few realize the necessity of good pure milk, which does not need sterilization, which is in itself a well-balanced ration. We try to teach people its food value, and tell them it is the cheapest kind of food, compared to steak, which is considered highly nutritious but a one-sided diet. Milk is one-fourth as cheap as steak, but steak has not the nutritive value of milk. Milk is more digestible than most foods, because its constituents, excepting fats, are in a state of solution or semi-solution and fats are present in the form of minute globules held in suspension. In this state they are easily taken up and assimilated in the body. This renders milk easily digestible for children whose masticatory and digestive organs are not so efficient as those of a normal adult.

When we compare the cheapness and nutritive value of milk with other foods, we should induce the poor people to use good milk more often and not give bologna and such to their infants. When you tell them the above, they will say, "Milk no good in this country," which is not to be wondered at when many pay only 6 cents a quart, and have an idea this is all which can be had. One woman said to me, "I have been in this country eight years and I never tasted milk like this since I left the old country." In their own country they know the habits and language and can live, here they are huddled like sheep and follow their leader, who is not always honorable. One can appreciate this feeling when one has been in a strange country and does not know the language.

NURSING IN MISSION STATIONS

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(This department has a two-fold purpose,—to keep nurses in this country informed regarding the work of missionary nurses, and to put missionary nurses in touch with each other, for an interchange of ideas, questions, and suggestions. All nurses engaged in mission work, of every creed and country, are invited to contribute to its columns.)

A CHINESE FIRE-ENGINE

FROM a home letter written by Ida M. Albaugh of Kiang-Yan we take this account of a fire in a mission hospital.

"Early this morning, when Dr. Worth went to the hospital, he . . . noticed smoke coming up through the floor of the dispensing-room. . . . Almost as soon as he called for water some of the Chinese helpers had it there, and they worked like firemen then to save the building. At first he thought the fire was burning under the whole building, and gave the order to take out the furniture and see to the safety of the patients. Fortunately there were only two bed-ridden patients, and they were quickly removed to places of safety; the opium patients were released, and in a very short time the rooms were cleared.

"By that time the neighborhood was aroused, and some one seized a gong and running into the city beating it gave what we at home call a fire alarm. It served the purpose, and by the time Mrs. Worth and I got there the first engine had arrived. The horses which drew it looked strangely like Chinamen, and it had no wheels, but was supported on the shoulders of the men on long poles. Before it came a gong, going bang! bang! bang! as hard as ever it could. They quickly set it down on the ground, while men with buckets of water hastened to fill the tank which holds about forty or fifty gallons of water. Across the top of this tank was a pump, which was worked by a long pole going up and down like a see-saw; attached to the pump was a long brass nozzle, which could be raised or lowered, and that was the engine—water-dragon—they call it. It is a very crude affair, and Mrs. Worth says she has often laughed at them, but none of us will laugh at them again, for they were a great factor in the saving of the building, which has been so long needed and so thankfully received when it came at last. One after another these little engines came until they had at least eight or ten, and they worked

faithfully. I was, of course, unable to talk,¹ but Mrs. Worth asked me to stay where a lot of things were lying on the ground and watch that nothing was carried away, so there I stayed. Fortunately for me it was where I could see a big part of the fight, and as the operating table was there, I got up on it and so could see everything. I prayed and watched; it was all I could do; but I did that as hard as I could, and as I watched I could see the fire gradually getting more and more under control, and then my supplications were turned into thanksgivings and rejoicings that God was answering the prayers of His people.

"Where I was standing I could see one of the rooms where the fight was raging hardest, and it was really inspiring to see how faithfully the Chinese—both Christian and heathen—worked. They had to carry all the water from the canal, a distance of about 200 feet. Three men stood waist deep in the icy water to fill the buckets, and then the men and boys ran with them, twelve or fifteen steps up the canal banks, to the gate, turning three corners to get to the engines, emptying their buckets and returning for more. I saw, it seemed to me, hundreds come to the side where I was with buckets, pitchers, old five-gallon square kerosene cans, and a kind of basket which holds water. Even a baby's bath-tub was doing duty. Every one who had a bucket sent it, and anything in the world that could be of service was there. People whom the missionaries have thought were unfriendly, and those who might have borne grudges for having been discharged as servants, and heathen by the score, were there all working together.

"The city and camp officials were there; the soldiers were sent out to maintain order and were seen everywhere with guns and bayonets and pikes and halberds. Four were stationed at the gate to see that no women and children, or those who would get in the way, were allowed to come in, and all that the authorities could do to help was done.

"The boys from Mr. Little's schools, large and small, were there working; their teachers and the young student doctor working like coolies. One of the school-boys has only one arm, and he was one of the most faithful water-carriers. Preachers, teachers, tailors, cooks, house-boys, coolies—it was all one and they had but one idea—to save the 'Jesus Chapel,' as they call it.

"The furniture is not so extensive as is to be found in the United States hospitals, but the beds are single iron beds, and many of them were thrown out of the second story windows. A few of them were broken, but they stood it very well indeed. We are firm believers now in buying strong beds; it pays if they have to go through a Chinese fire."

¹ Miss Albaugh had but recently arrived in China.

ITEMS

MARGARET E. BENDER, a missionary nurse in Shanghai, China, arrived in this country on furlough on July 27.

Woman's Work tells of a real little girl, daughter of a missionary in the Philippines, accustomed to the manifold sanitary precautions needful there, who on hearing the story of Elijah and the ravens said: "I suppose he could break out the parts where their beaks touched the food so that he would not get any microbes."

On hearing about Jesus and the Samaritan woman at the well, she said: "The Lord told her not to drink the well water, He would give her some distilled water."

Her mother adds that when she leaves a native to wash her dishes, she pleads the ancient promise, "I will rebuke the devourer for your sakes," feeling that they need protection from germs as much as the ancient Israelites did from locusts or grasshoppers, and that she has sometimes thought that the prophecy, "The fire causeth the water to boil to make Thy name known to Thine adversaries," might have been a foreshadowing of missionary life in the tropics where boiled water is so necessary to their living to "make His name known."

A HOME for the medical treatment of infants having hereditary syphilis has been opened in Friedrichshagen, near Berlin, with Sister Emma Köberlin, one of the members of the German Nurses' Association, in charge. Infants are taken as early as possible, from a few weeks old, and, as treatment needs to be prolonged, they are to be kept for several years. Beginning with ten babies, the home will admit ten every year until its capacity of forty shall be maintained. Mothers will be taken while the babes are breast-fed. Artificial nourishment if needed will be cow's milk. No line will be drawn between legitimate and illegitimate children—the plan is to rescue infant victims of venereal disease as early and treat them as thoroughly as possible as part of the modern combat against those diseases. The mothers often show no symptoms and only the blood examination proves their own infection. Germany is entering upon a determined war against venereal disease.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

THE DIAGNOSIS OF GASTRIC ULCER.—At a meeting of the Medical Association of the Greater City of New York, Dr. Max Einhorn said that in the diagnosis of ulcer of the stomach he had for some time past been using the method of introducing a white string and allowing it to remain in the stomach over night. If an ulcer was present and in such a position that the string came in contact with its surface there would be found more or less discoloration from blood at a certain part of the string. More recently he had employed a rubber bag, inclosed in gauze. This was introduced into the stomach in a flaccid condition, and then dilated by means of the tube to which it was attached. It was allowed to remain *in situ* for half an hour, when the air was permitted to escape from it and it was withdrawn. The gauze was dried, and it showed discoloration if it had come in contact with an ulcer. Several of the gauze bags which had been employed in this way were exhibited. In one instance the bloody discoloration was caused by a cancer, with an ulcerating surface.

GASTRIC DIGESTION OF INFANTS.—The *New York Medical Journal*, quoting from the *American Journal of the Medical Sciences*, says: Clarke states that the motility of the infant stomach varies inversely to the concentration of the food. The more dilute the food the more frequently may the feedings be given. Lime water does not reduce the acidity of the gastric contents, the neutralizing of a portion of the acid being overcome by an increased stimulation of hydrochloric acid by the gastric glands. This may even increase the amount of acid available for digestion. Sodium citrate acts on the acid in the stomach, converting it into sodium chloride, and thus markedly reduces the "available hydrochloric acid." Barley water seems to have no constant effect upon the chemistry of gastric digestion in the infant. The type of infants who vomit persistently may be divided into two classes, defective and excessive acidity. Test feedings should be given to this type of infants to determine to which class they belong. A 5 per cent. milk-sugar solution seems to be the most satisfactory feeding to determine fine differences in the gastric

contents. This may be followed by a mixture of milk, one part, water, two parts, to determine to what extent the gastric glands are capable of responding to stimuli. For the lactose solution thirty minutes is the most satisfactory time to allow the feeding to remain in the stomach; for the milk mixture sixty minutes. On purely theoretical grounds it would appear that when the acidity is low either small doses of alkalies or of hydrochloric acid are indicated, while in excessive acidity sodium citrate holds out the best hope of benefit. Protein digestion in the infant's stomach is slight and is proportional to the amount of hydrochloric acid in the organ.

PELLAGRA.—The *New York Medical Journal* says: A movement has been started by the physicians of Meridian, Miss., to bring before the medical profession of the state the fact that pellagra prevails in Mississippi and seems to be increasing. They believe that many cases of the disease are being treated as eczema or other skin diseases, and it is their purpose to discover all such cases and collect as many facts relating to the disease as possible. If investigation proves the correctness of the theory that pellagra is due to eating mouldy or musty corn, an effort will be made to get the state legislature to pass a law requiring the inspection of all grain brought into the state. The United States Marine-Hospital Service has already taken up the matter and has sent out a good deal of information about pellagra. There has also been an outbreak of the disease in the State Insane Asylum of Illinois, at Peoria, and, on the request of the health authorities of the state of Illinois, Captain Joseph H. Siler, of the Medical Corps of the U. S. Army, has been ordered to visit the asylum for purposes of consultation and observation.

PRIVATE HYGIENE.—Private hygiene means a revolution in our habits of living. It means fresh air perpetually flowing through our houses and more of our lives spent out doors. It means common-sense in diet—the avoidance of bolting food, from which dyspepsia springs, and the re-education of normal food instincts, the avoidance of gluttony on the one side, and body starvation on the other, the avoidance of alcohol, the most potent of the predisposing causes of tuberculosis, and the avoidance of dirty, infected milk and meat. It means the "simple life," free from over-exertion on the one hand, and indolence on the other; the habit of normal sleep, and the emancipation from worry.

In giving this prescription, Dr. Trudeau once said to me: "It is as simple as bathing in the waters of Jordan, and that is why people

are so slow to follow it."—From Professor Irving Fisher's "The War Upon the Great White Plague" in the September *Century*.

THE WAY OF THE REFORMER.—Every new truth which affects life must pass through a period in which it is hated before it attains the period in which it is loved. What people dread is change; what they wish is to be let alone. They will kill the reformer, if they can, and only those reformers who refuse to be killed, but who for years together go on savagely, patiently, tenderly reiterating the same message, in the end have their way, and are believed.—From Rev. Elwood Worcester's "The Emmanuel Movement" in the July *Century*.

METHOD FOR CUTTING AWAY PLASTER-OF-PARIS DRESSINGS.—The *New York Medical Journal* quotes this from a German contemporary: Neumann places beneath the plaster bandage a steel wire that extends a little distance beyond the dressing at each end. When it is desired to remove the dressing one end of the wire is seized with a suitable instrument and made to cut its way out.

CURRENT LITERATURE OF INTEREST TO NURSES

New York Medical Journal, September 4, "A Brief Consideration of the Contagious Theory of Tuberculosis," John Black White, M.D.; September 11, "The Administration of Anesthetics"; September 25, "Prevention and Cure," Beverly Robinson, M.D. *Medical Record*, September 4, "The Convulsions of Whooping-cough," Editorial; September 11, "The Medical Management of Degenerate Children," Robert H. Porter, M.D.; September 18, "Anesthesia in the Control of Inflammation," John H. Wainwright, M.D.; September 25, "Simpson and Chloroform," Victor Robinson. *Maryland Medical Journal*, September, "The True Function of the Tuberculosis Nurse," Mary E. Lent. *Journal of the American Medical Association*, September 18, "The Relation between the Science and Art of Infant Feeding," Henry Dwight Chapin, M.D.; "Tuberculosis Exhibit Cabinet," Frank B. Wynn, M.D.; September 25, "A New Type of Phthisiophobia," Adolphus Knopf, M.D.; October 2, "An Improvised Anesthesia Cone," C. T. A. Hottendorf, M.D.; "The Prevention of Contagion"; October 9, "Diet in Typhoid Fever," Warren Coleman, M.D.; "Prevention of Malaria," Seale Harris, M.D.; "Massage in General Medicine," John K. Mitchell, M.D.; "Care of the Mouth," "Cold in the Head." *McClure's Magazine*, July, "Beer and the City Liquor Problem," George Kibbe Turner; "The Fly, the Disease of the House," E. T. Brewster; August, "The Story of an Alcohol Slave."

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

STERILIZATION OF UTENSILS

DEAR EDITOR: Will some one tell me what she considers the best method of sterilizing and keeping sterile rubber gloves? Has any of the superintendents of our hospitals any suggestions to offer as to the best way to keep the pans, trays, pitchers, and other enamelled utensils, used in operating room work, perfectly sterile for use at a moment's notice? The method used here is after cleansing to immerse in 1: 1000 bichloride and allow to remain until used, but this is eating our pans in small holes where the enamel has been chipped and I can think of no easier and better way at present. Our hospital is a small one, has but limited help and resources, still must be the emergency hospital of this section. Any suggestions would be appreciated. T. M. M.

"PROFESSIONAL" NURSE AND "TRAINED" NURSE.

DEAR EDITOR: May I be permitted to suggest that the old term of "trained" nurse, give place to that of "professional" nurse. A great number of the laity do not or will not recognize nursing as a profession. It is therefore our duty to make use of every means of bringing it to their notice. We are professional women just as doctors are professional men. Why should we be spoken of as "trained" nurses? Certainly I realize that we have been through a training school, but after having graduated from that school, can we not have some other appellation than that of "trained" nurses? We read of trained animals—trained horses, trained lions, and trained bears; can we not have some other name than that which is given to animals?

MARGARET M. McCLOSKEY.

ALCOHOL BATHS

DEAR EDITOR: Is it good form for nurses to give alcohol baths without an order from a physician? I remember, even in the old alcoholic days at Bellevue, of a nurse being severely criticized for giving one to a child. Some nurses rub their obstetrical cases with alcohol every night, whether the patients like it or not. One patient of mine expressed great gratification when she found that I was not going to make her take a rub, as a former nurse had, and in that case it certainly was not ordered by the doctor.

I am stirred to ask this question by a letter recently received from a lady physician expressing pleasure at the interest that nurses are now taking in teaching the danger of unprescribed use of alcohol and other narcotic drugs, as shown at the June meetings. She says: "I appreciate how much influence a nurse has in creating sentiment in this direction. I find so commonly that

they prescribe and give alcohol baths. In one case to which I was called, a babe was unconsciously drunk from an alcohol bath which a nurse had prescribed. Again I have found that nurses advise the prospective mother to have a bottle of brandy in her obstetric outfit."

E. BERTHA BRADLEY, R.N.

[It goes without saying, in the JOURNAL and everywhere, that no properly trained nurse uses medication of any kind without instruction from the physician, unless she is so familiar with his methods that she knows she is privileged to use certain remedies without consulting him each time.—EDITOR.]

NECESSITY FOR STATE REGISTRATION

DEAR EDITOR: I would not care to be without this valuable magazine; it brings light to many, keeps us informed as to what our sisters are doing in distant parts, also enlarges our experience by hints and side lights thrown on the nursing profession.

Why do so many nurses disclaim the necessity for state registration? Only a few days ago I called at the office of the nurses' registry, and the gentleman in charge threw back his head with a flourish, saying, "State registration for nurses does not amount to anything, isn't worth a cent," and this registry is considered the most flourishing and the best conducted in the city. I have had my name in this registry a year or more and have received a call but once and then was absent on another case. I really would like to see and hear of nurses looking forward to state registration with more vim.

R. L. S.

[Where nurses permit their registries to be conducted by men or women whose interest in nursing affairs is only commercial, we may expect to find state registration and every movement for nursing progress being discounted upon every occasion.—EDITOR.]

THE EXPENSE OF CONVENTIONS

DEAR EDITOR: Perhaps it will never fail to our lot again to be so royally entertained, as those happy mortals were who attended the congress of nurses in London, but the editorial in the October JOURNAL touched lightly on the matter of the extra expense incurred in the presentation of flowers. We were all glad to join, but it was an expense, and those same delightful entertainments also called for good clothes, and many regretted that they had not come better prepared, and made up their minds not to be caught napping in that respect again. But it was the one thing only that we felt inclined to criticize, the need for greater simplicity. The nurse in private duty is not equipped for elaborate ceremonies, and yet is unwilling to submit to being less well gowned than those she expects to meet, and so, though travelling as a tourist, she will calculate to include one or more evening gowns, as well as another suitable for an afternoon reception. The little French nurses, as well as the Swedish contingent, were quite to be envied in their national costumes, which distinguished them at all times and carried them everywhere. We appreciate being entertained, but we need to combine it with greater simplicity, and we are in hearty agreement that cigarettes are better noted by their absence at any assemblage of nurses. "ONE OF THE HAPPY MOSTALS."

THE GUILD OF ST. BARNABAS

I.

DEAR EDITOR: My attention has been called to an article appearing in the October number of the AMERICAN JOURNAL OF NURSING, pretending to quote Rev. Lewis C. Wood, and reflecting on the Guild of St. Barnabas for Nurses.

I regret that I was not able to be present at the meeting referred to, and I have no knowledge of what was said except as it is told to me.

I called Mr. Wood's attention to the quotation, and he says:

"I am grieved at such a misrepresentation of my sentiments and statements regarding the Guild of St. Barnabas for Nurses; suffice it to say, that I have never made any statement that could possibly be construed as inferring that the Guild of St. Barnabas has revolutionized the social status of the profession at large. Nor have I said that the nurses were social outcasts."

By giving the above the same publicity that the statement referred to received, you will be doing a favor to the Guild of St. Barnabas, and oblige,

Yours very respectfully,

ANNIE H. B. HOWE,
Secretary-General.

II.

DEAR EDITOR: Does the disgruntled ex-member of the Guild of St. Barnabas ever stop to consider that nurses, like other mortals, get out of the Guild what they put into it? I, too, am a recalcitrant member of the Guild, but received from it more than I gave it, for I did enjoy the services and I never gave anything to make them possible.

If a well-intentioned priest does make a break in referring to our social inferiority of ten years back, why should that disturb us? "Honi soit qui mal y pense" (Evil to him who evil thinks). By joining the Guild, if the social advantages are all that appeal to us, don't we expose ourselves to just criticism and patronage? Do many of us really try to live up to the obligations our membership imposes upon us? So few nurses of my acquaintance have ever done anything but criticize the Guild, and it appeals to so few of us, that something must be wrong, but can we be sure that the fault lies entirely with the Guild? It would be interesting to hear from nurses to whom the Guild really means something.

A PRESENT MEMBER OF THE GUILD OF ST. BARNABAS.

III.

DEAR EDITOR: Was it quite necessary for a "Former Member of the Guild of St. Barnabas" to start any discussion as to the social advantages of being a member, unless, indeed, she intends to rejoin? It must be remembered that the objects of the Guild are twofold, "religious" and "social";—Article II, Section I of the constitution,—and that though there has never been the expectation of "revolutionizing the social status" of any of its branches with which alone it can be concerned, the greater number of members must feel that the social element that has been brought into their lives, through the contact with the associates, has led the way to much pleasant intercourse and

many social times that in all probability would never have occurred had it not been for the society, and that without doubt Mr. Wood's meaning of the words "social outcasts" was not the "cast-outs" of society but the "left-outs." It is so little possible for nurses to mix in general society, on account of the uncertainty of their time and their general preoccupation, but the informal receptions and hearty welcome when able to attend have drawn many together, where all are known to each other, when, most probably, attendance at more formal gatherings would be out of the question. Is it not a little needless to be looking for trouble when it is so self-evident that those most interested are only striving for the best means of lightening and brightening the lives of those who not only carry their own burdens but share those of so many others?

"A MEMBER FOR MANY YEARS."

IV.

DEAR EDITOR: The Guild of St. Barnabas for Nurses in this country was established by Luther Osborne, of Boston, in 1886. At that time I think I am right in saying that there was no organization of nurses of any kind in the United States. This was the pioneer; and, under its founder and leader, with the associates whom he gathered round him, it blazed the trail and made more easily possible the other associations—club, alumnae, etc.—which we so greatly value. It is, as it were, the alma mater of organized nursing life; and all nurses, whether members or not, owe it a debt of gratitude which it is unbecoming to forget.

What has the Guild done for the social life of nurses? It has done a great deal in giving birth to organization. The nurse as a solitary unit has no voice or influence except in the limited circle of people whom her life touches; as an integral part of an organized body of trained women earning their living in the community, she has both voice and influence in matters philanthropic, civic, and political.

In regard to social position in a more restricted sense, when a nurse is on duty her relationships are not social, but professional. The position of the professional servant is not always an easy one, but I think it would be much simplified if the nurse always carried in the back of her head the clear conviction that her relations with the patient and household are primarily professional. The majority of people treat us with courtesy; there are those who do not, but perhaps they call for our pity and not our resentment.

When a nurse is not on duty her social position depends upon herself. If she is a lady, to be a nurse will not hinder her the least little bit. If she has not "that imaginable, though well-understood something, which we know as breeding," well, we cannot say that to be a nurse will not help her. Her training will have stimulated that capacity which Dr. Weir Mitchell calls "the American woman's wonderful power of self-development," and that development will be still more furthered by intercourse, on a common footing, with other women in the Guild, the club, or the alumnae association.

I came to Boston from a distance and did not know any one outside of the hospital. I joined the Guild while a pupil; and I was immediately brought in touch with gracious and cordial people, living in an atmosphere of cultivated leisure, which contrasted pleasantly with the arduous environment of the hospital. When they talked with me and invited me to their homes, it did

not occur to me to think that they were patronizing me. I just thought that they were lovely people who were giving me an opportunity of social intercourse that I could not otherwise have had as a stranger in a strange city. Perhaps if I had gone round with a chip on my shoulder, in demonstrable fear of patronage, they would not have been so nice to me.

I have nursed for nearly twenty years. I don't think my social position has been revolutionized, but I do think that my social opportunities have been wonderfully widened; and I think that, in a measure, this is due to the Guild of St. Barnabas. Let us give honor where honor is due.

SUSAN BARD JOHNSON.

CARE OF THE MIDDLE CLASS

DEAR EDITOR: The article by Miss Lightbourn, in the September number of the JOURNAL, attracted my particular attention because I wondered whether we were any nearer the solution of the problem than we were before. Even though the subject is threadbare, it does not seem to have advanced to a degree of real practical value. My opinion is that the solution should come from the public itself and not from the nurses, either as individuals or as a profession. The nurses do their share of giving unremunerated service while in training.

This much-talked-of class of people of moderate means, which the nurse is supposed to meet at her expense, is not by any means entirely genuine. Our dispensaries prove that most conclusively. The same woman who cannot pay a doctor for services, but goes to the dispensary will sit in a dollar seat at the theatre and wear the latest style dress and hat. Any plan or system based on any form of philanthropy is going to create more imposters and another form of dependency equal to pauperization.

There is only one true solution, to my mind, and that is insurance. Let some well-established insurance company solve the problem on a purely business basis. Why shouldn't people insure against sickness in that form as well as any other? There will be an opportunity to put a sliding scale into practice and to give people good nursing, as well as providing many nurses with steady employment, and all without charity or unnecessary self-sacrifice.

There are many ideas which come to my mind in connection with this view of the subject, but I do not wish to make this article too long. However, I cannot restrain my impatience at the way this question is constantly being "put up" to the nurses.

CHARLOTTE EHRLICHER.

FROM AN OLD SUBSCRIBER

DEAR EDITOR: It would not be possible for me to tell you how much I value the JOURNAL. I was at the Associated Alumnae meeting nine years ago, when the JOURNAL was started, and think I have had every one issued, but not always in my own name, as a friend and I have exchanged. There is no periodical which I should miss more and I hope the time will never come when it will not be possible for me to have it.

If I were as ready with the pen as some and could make it interesting, I should like to tell something of the work here.

C. D. M.

A NURSES' REGISTRY NEEDED

DEAR EDITOR: Is it customary for a nurse desiring private nursing, in a town where she has been employed in a hospital, to call on the physicians and leave her card? There is no nurses' registry here. M. F.

[We think this is a perfectly legitimate method of making oneself known to the doctors, and one which many private duty nurses employ in going to a new place.—EDITOR.]

ROOM FOR DESIRABLE APPLICANTS

DEAR EDITOR: In the discussion following Miss Lent's paper on the "Organization of District Nursing," Miss Gardner is quoted as saying with regard to our school: "I think the Boston school is getting on very well, but they cannot take all the nurses they want to." The last part of the sentence is rather ambiguous. I really would like it understood that we can accommodate more than we have applicants for, i.e., desirable applicants.

MARTHA P. PARKER,
House Superintendent, Instructive Visiting Nurse Association, Boston.

SKIN DISINFECTION WITH IODINE.—Dr. Charles Jewett says in the *Medical Record*: The procedure as practised by Grossich is as follows: Some hours before operation the operation field is shaved dry and is then painted with a 10 or 12 per cent. tincture of iodine. No water or other liquid than the iodine tincture must be permitted to come in contact with the skin. The surface is covered with a dry sterile dressing. On the operating table shortly before the first incision the painting is repeated.

In my own work care is taken not to wound the skin in shaving, and unnecessarily, perhaps, the field has usually been cleansed carefully about twelve hours before the iodine preparation with soap and water and a gauze compress, shaved, dried, and protected with a dry sterile covering. The process is so simple that even an inexperienced nurse can scarcely go astray in carrying it out.

The tincture of iodine should be especially prepared for the purpose and should be kept in a bottle well stoppered with a rubber or glass stopper to maintain the due proportion of iodine.

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

ADDRESSES WANTED FOR THE SUPERINTENDENTS' SOCIETY

Will Miss Graham H. Coppin, Miss Millicent Schaar, and Miss Winifred W. Atkinson be so good as to send their addresses to the secretary of the American Society of the Superintendents of Training Schools for Nurses, M. H. McMillan, Presbyterian Hospital, Chicago?

Miss McMillan has unfortunately lost these addresses and wishes to communicate with them in regard to their applications for entrance into membership.

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Ellen V. Robinson	\$25.00
Annie W. Goodrich	25.00
Dorothea M. McDonald	10.00
Genevieve Cooke	5.00
Jane A. Delano	25.00
S. Margaret Thomas50
National Homeopathic Hospital Alumnae Association.....	25.00
	115.50
	\$469.00

ANNA DAVIDS, R.N., Treasurer,
128 Pacific Street, Brooklyn, N. Y.

THE NATIONAL ASSOCIATION OF COLORED GRADUATE NURSES held its second annual convention in Boston, August 24-26. Subjects of interest to the profession were discussed and many interesting papers were presented. The president's report showed that there are five hundred colored graduate nurses in the country. As the association has a membership of only 68, there was much discussion as to how it is to be increased. Local branches are to be organized for this purpose and to report on any other matters of interest. Officers elected were: president, Martha M. Franklin; vice-presidents, Mrs. Mary R. Tucker, Miss Greenwood; recording secretary, Mary F. Clarke; corresponding secretary, A. Lottie Marin, 66 West 134th Street, New York City; treasurer, Adah B. Samuels. The next convention will be held in Philadelphia in August, 1910.

The members of the association appreciated greatly the delightful entertainment provided by Boston's citizens, especially the visit to Long Island City Hospital planned by Mrs. Alexander Wright and aided by the courtesy of Miss Chisholm and her assistants.

MASSACHUSETTS

Malden.—THE MALDEN HOSPITAL ALUMNAE ASSOCIATION held its first annual meeting on October 5 and elected the following officers: president, Mrs. Harriet Carter; vice-presidents, Mary S. Paton, Jane Russell; treasurer, Annie J. Mitchell; secretary, Leona S. Mellish; executive committee, Fannie Burham, chairman, Annie Nicholson, Grace Selkirk. The next meeting will be held at the residence of the president, Mrs. Carter, 17 Wedgewood Street, Everett, on November 2, at 3 P.M.

CONNECTICUT

New Haven.—THE CONNECTICUT TRAINING SCHOOL ALUMNAE ASSOCIATION holds its regular monthly meeting at the nurses' dormitory on October 7. Ten members were present who were pleased to have with them their president, Flora Hartenstein, after a serious illness of seven months. Reports were read from the chairman of the endowment, and from the delegates' fund. Miss E. Payne, 1204 Chapel Street, will receive contributions for the fund from any graduates of the school, any sum large or small being acceptable. Some graduates are giving twenty-five cents a month, others a dollar a year. This method was thought best for the present rather than to solicit from the public. A committee of three was appointed to amend the present by-laws and to report at the November meeting. The illness of Alice Dougherty and of Mattie Wark was reported. Five new members were received. The association would be glad to have from members too far away to attend the meetings letters, greetings, comments, suggestions, or a paper that might be beneficial.

NEW YORK

New York.—THE NEW YORK CITY TRAINING SCHOOL held its graduating exercises on October 21 at the nurses' home on Blackwell's Island.

AMY E. POPE has returned from Porto Rico and is in charge of the new nurses' home at Bellevue.

Brooklyn.—THE BROOKLYN HOSPITAL ALUMNAE ASSOCIATION held its first meeting, after a vacation of three months, on October 5, the president presiding. Little business was transacted beyond hearing a report of the sick benefit committee and the consideration of one application. The registrar's report of the club-house is encouraging.

THE METHODIST EPISCOPAL HOSPITAL ALUMNAE ASSOCIATION resumed its regular meetings at the hospital on October 13. Twenty members were present. At a previous meeting it had been decided that the alumnae should affiliate with the state branch of the Red Cross. The secretary reported that the application had been accepted.

Ogdensburg.—KATHERINE CALLAHAN has been appointed to a position recently created by the State Commission in Lunacy and the Civil Service Commission, namely, that of superintendent of the Training School for Nurses, at St. Lawrence State Hospital. Miss Callahan, after completing her collegiate education, took a course of training in a state hospital for the insane, and has served about six years in the Ogdensburg City Hospital, where as superintendent of nurses she organized the training school.

Syracuse.—THE HOSPITAL OF THE GOOD SHEPHERD NURSES' ALUMNAE ASSOCIATION resumed its meetings on September 30, with a large number

present and much interest manifested. Anna E. Lawrence was elected a director to fill the vacancy caused by the resignation of Irene M. Johnson, now at Memorial Hospital, Niagara Falls. Anna E. Lawrence and Alice Dougall were appointed delegates to the county to represent the association at the New York state meeting. Fifteen new members were received, eleven of whom are registered nurses. Dr. H. G. Doust gave an interesting paper on the tuberculosis movement in the city.

Dansville.—THE JACKSON HEALTH RESORT graduated a class of seven nurses on the evening of September 30. The evening before the final exercises a beautiful dinner was given the class at the home of Dr. and Mrs. James Jackson, at which the nurses and members of the medical staff were the guests and where speeches, poems, prophecies, etc., were given. At the graduating exercises, the report of the school was given by Miss Hilliard, superintendent of nurses, the address to the class by Miss S. F. Palmer, of Rochester, the Hippocratic Oath was administered by Dr. Arthur Jackson, and the diplomas presented by Dr. Gregory. The evening after the graduation a special musical program was given by Mr. George Frank Spencer, the professional entertainer of the Sanatorium, the special feature of which was the recitation of Tennyson's "Enoch Arden" with a musical accompaniment. The large audience attending these exercises was composed of guests of the sanatorium from all parts of the country.

Rochester.—THE MONROE COUNTY REGISTERED NURSES' ASSOCIATION held its monthly meeting on the afternoon of September 28 in the nurses' home of the City Hospital. Mrs. Hanna, a member of Bellevue's first class, gave reminiscences of her days of training; Miss Decker described the Hospital Economics Course; and Miss Keith told of the meeting of the American Hospital Association. It was decided to unite with the other nurses' associations of the city in inviting the New York State Association to hold its meeting next year in Rochester, also to co-operate with the other women's clubs in the city in entertaining the State Federation of Women's Clubs this year.

Miss DECKER, a graduate of the Hospital Economics Course, has taken charge of the nurses' home at the City Hospital and will act also as instructor. Marie T. Phelan, a graduate of the City Hospital, has been in Baltimore during the summer filling the position of playground nurse. Isabel Toohill, a graduate of the Homeopathic Hospital, who has been in charge of the social service department of the hospital, has resigned to be married. Her place is filled by Ida Anderson. Allie Clark, class of 1908, Homeopathic Hospital, has accepted the position of night superintendent at the Albany Homeopathic Hospital.

Buffalo.—THE NURSES' ASSOCIATION holds monthly meetings from September until June, the first for this season having been held on September 6, at the Woman's Union, 86 Delaware Avenue. It is hoped that all graduate nurses living in Buffalo may become members of the association. The officers are: president, Nellie Davis; vice-presidents, Mrs. Florence Mann-Brodie, Mrs. Aurelia J. Martin; recording secretary, Margaret Kamerer; corresponding secretary, Mary Jayne Cole, 663 Main Street; Federation secretary, Mary Barta; W. Fed. secretary, Maude Beach Crary; treasurer, Mary E. Warren, R.N. The chairman of the Press Committee is Mrs. Gertrude Weaver Boyd, and of the Sick Visiting Committee, Mrs. Brodie. The association has a membership of 141; it was organized in 1895.

NEW JERSEY

Englewood.—THE ENGLEWOOD HOSPITAL NURSES' ALUMNUS ASSOCIATION resumed its regular meetings on October 6, in the nurses' reception room of the hospital. Ten members were present, and three new names were accepted. An amendment to the by-laws was seriously discussed and laid over until the January meeting. Other business was transacted satisfactorily. The meeting was adjourned until November 3.

Orange.—ELIZABETH EVANS, of the Orange Training School for Nurses, is at the Ancon Hospital, Canal Zone, Panama. Kate Baker has been appointed district nurse in Honolulu and finds her surroundings very congenial.

DELAWARE

Wilmington.—THE DELAWARE ANTI-TUBERCULOSIS SANITARIUM has appointed as superintendent Ada Adams, of Malden, Mass., graduate of the Massachusetts General Hospital and also of a graduate course in hospital administration.

PENNSYLVANIA

McKeesport.—THE ALUMNUS ASSOCIATION OF THE MCKEESPORT HOSPITAL held a meeting at the home of the secretary on October 6; two new members were admitted. Business was followed by a social hour.

DISTRICT OF COLUMBIA

Washington.—THE COLUMBIA AND CHILDREN'S HOSPITALS ALUMNUS ASSOCIATION has elected as officers: president, Edith Corbett, Arlington, Va.; vice-president, Priscilla Page; treasurer, Cora Kibber, The Carolina, Washington, D. C.; secretary, Susie A. Martinas, 1908 F. Street, N. W.

AGNES JAMES has been appointed assistant superintendent of the Episcopal Eye, Ear, and Throat Hospital, Washington, not of the Jewish Hospital, Cincinnati, as was stated in the October JOURNAL. Miss James is a graduate of the Jewish Hospital. Misses Bovell, Brown, and Bertalette, who were reported as appointed to staff positions of the Jewish Hospital are, instead, staff nurses of the Eye, Ear and Throat Hospital, and Miss Brown and Miss Bertalette are graduates of the Capitol City School of Nursing, not of the George Washington Hospital.

OHIO

Cleveland.—THE CHARITY HOSPITAL graduated a class of eleven nurses on the evening of September 22. Dr. T. A. Burke made the introductory remarks. Rev. Francis Moran, D.D., the speaker of the evening, delivered an earnest and helpful address to the graduates. Rev. A. B. Meldrum, D.D., presented the diplomas, and Dr. F. E. Bunts presented the class pins to the graduates. Prizes were awarded to Anna M. Adams and Katharine G. Regan. The class motto was *Caritas benigna est.*

KENTUCKY

THE KENTUCKY STATE ASSOCIATION OF GRADUATE NURSES held its annual meeting in Louisville, June 29-30. The full report intended for the JOURNAL failed to be sent on account of a misunderstanding of instructions. The follow-

ing officers were elected: president, Mary R. Shaver, Good Samaritan Hospital, Lexington; recording secretary, Harriet Cleek, 476 East Main Street, Lexington; treasurer, Mrs. May Thompson, West Maxwell Street, Lexington; corresponding secretary, Amelia A. Milward, 234 Second Street, Lexington.

MICHIGAN

Detroit.—THE ST. MARY'S ALUMNAE ASSOCIATION held a special meeting on October 4 in the amphitheatre to congratulate Mrs. Elizabeth Tacey, one of their members, on her appointment as a member of the state board of registration for nurses.

MINNESOTA

Minneapolis.—THE UNIVERSITY OF MINNESOTA has offered to admit probationers from the various nursing schools of the city to the classes and lectures of the preparatory course at the University Hospital.

THE MINNESOTA STATE GRADUATE NURSES' ASSOCIATION is considering the formation of one central society out of the local county and alumnae societies, with the object of lessening the fees.

ILLINOIS

Chicago.—ST. LUKE'S HOSPITAL ALUMNAE ASSOCIATION has a summer cottage at Saugatuck, Michigan, for the use of its members who are ill or tired. Some of these are given the outing, where it is needed, others may have board at reasonable rates. Several members of the alumnae association have been abroad during the summer,—Harriet Fulmer, Mary Forbes, Mrs. Marshall, Miss Jacobi. Miss Mack came to the hospital on June 1 as one of the instructors.

AT THE ILLINOIS TRAINING SCHOOL an entertainment was given on the evening of September 24 for the benefit of the tuberculosis camp for nurses of the state association. It was well attended and much enjoyed. The proceeds were \$121.75. Grace Randolph, class of 1909, is doing visiting nurse work. Leslie Freiligh, class of 1905, has accepted the position of superintendent of the Calumet and Hecla Hospital, Calumet, Michigan. Addie Mullin has resigned her position as superintendent of the West Side Hospital and will rest for the present.

Peoria.—THE DEACONESS HOSPITAL graduate nurses organized an alumnae association on the evening of October 9 at a meeting held at the nurses' home. The following officers were elected: president, Kathryn Selters; vice-president, Minnie Huey; secretary and treasurer, Lois Moore. After the business session a reception was given in honor of Mercedes Mavohl, retiring superintendent of nurses of the hospital, and Mary Charlesworth, of Kansas City, who is in charge of the hospital. Miss Mavohl goes to Los Angeles to engage in private nursing.

INDIANA

THE INDIANA STATE BOARD OF EXAMINERS OF NURSES will hold an examination Wednesday and Thursday, November 17 and 18, at the State House, Indianapolis. All applications should be in the hands of the secretary by November 10.

EDNA HUMPHREY, R.N., Secretary,

Crawfordsville.

5. (a) What would govern your selection of food for an invalid? (b) For a person in health? 6. State your method of disinfecting excreta from a typhoid patient. 7. What is your method of personal disinfection after nursing contagious diseases? 8. What officials have issued an order requiring merchants to screen foods that are displayed? Give reason. 9. (a) Is there danger in the use of foods put up in tin cans? (b) How can the danger be minimized? 10. Why is even a slight leakage from gas pipes so dangerous?

General Medical Nursing (oral).—1. Define: *crisis*, *lysis*, *hypostatic congestion*. 2. Name a disease where a crisis occurs. 3. What can a nurse do to prevent hypostatic congestion? 4. What would you do to prevent the formation of bed-sores? 5. How would you care for a bed-sore? 6. (a) Tell how you would apply a fly blister. (b) How would you know when it should be taken off? (c) Describe method of removal. 7. How would you care for the mouth and nose of a patient with typhoid fever? 8. Give directions, in detail, for giving an enema. 9. What is pulmonary tuberculosis? 10. (a) How would you care for a patient suffering from this disease? (b) How would you care for yourself?

Surgery and Gynaecology (oral).—1. Define: *sepsis*, *asepsis*, *antiseptics*. 2. What do we mean by surgical cleanliness? 3. How would you disinfect your hands, and instruments, for an abdominal operation? 4. Name three kinds of wounds, and give first aid for each. 5. Name three kinds of fractures. 6. Describe the making of carbolic, bichloride, creolin, and boric acid solutions. 7. What instruments and dressings would you prepare for removing the packing from uterus? 8. What care will you give a patient following perineorrhaphy? 9. Describe Sims's, knee-chest, and dorsal positions. 10. How prepare normal salt solution?

Obstetrics, Including Feeding of Infants (oral).—1. What is the function of the placenta or after-birth? 2. Give a list of an infant wardrobe. 3. What is puerperal infection? 4. Give a list of articles to have in the confinement room during labor. 5. What kind of food should an obstetric case have the first week following labor? 6. (a) State why cow's milk is more difficult of digestion than mother's milk. (b) Tell in what way cow's milk may be modified to give to a very young baby. 7. What is the appearance of a normal infant's stool? 8. Why is an obstetric case given an enema before advanced labor? 9. What would be a nurse's duty if alone with a patient during a post-partum hemorrhage? Tell when and how to massage a patient's breasts.

Materia Medica (written).—1. Define: *therapeutics*, *idiosyncrasy*, *physiological action*, *U. S. Pharmacopoeia*, *alkaloid*. 2. Would you give alkalies and acids well diluted, or not? Reasons? 3. When would you give Fowler's solution? Why? 4. What is strychnine? What is it used for? 5. Give symptoms of, and treatment for, morphine poisoning. 6. Differentiate between morphine poisoning and alcoholism. 7. How would you pour medicine from a bottle? 8. Give the general rule for combining medicines for administration. 9. For what are the bromides used? Name the most common one in use. 10. Why is it necessary for a nurse to know the physiological action of drugs?

Dietetics (written).—1. Mention one good nutritive enema. 2. What is included under the head of liquid diet? 3. How do you make albumin water? 4. What is the appearance of healthy beef, chicken, fish? 5. How would you

feed a typhoid patient the first week he gets solid food? 6. Describe all the correct methods you know of preparing food for the sick. 7. What is important in cooking starchy foods? 8. What foods contain the most albumin? 9. If you wish to keep the juice in meat, how do you cook it? 10. Have you had any special training in dietetics? Of what did it consist? Name one book on dietetics. Do you own a book on dietetics?

Hydrotherapy and Massage (oral, elective).—1. Define: *hydrotherapy*, *massage*. 2. Describe two hydropathic methods of inducing sleep or quieting nervous patients. 3. Give in detail your method of giving a hot pack. 4. How would you give a foot-bath to a bed patient? 5. What effects are produced by *massage*? 6. What general principles do you follow in giving *massage*? 7. What precaution would you take in massaging a patient having fatty degeneration of the heart? 8. Designate two conditions where the use of passive exercise is indicated. 9. (a) What are concentric movements? (b) What are excentric movements? (c) How does heat affect muscles? 10. Give the mode of procedure in a case of sciatica of right leg.

Nursing Contagious Diseases (oral, elective).—1. State method of feeding an intubation case. 2. Tell all you know of antitoxin. 3. What other serums are now used in infectious cases? 4. Why is the skin of patients who are suffering from eruptive fevers anointed? 5. How do you prepare a patient to be released from isolation? 6. What are the initial symptoms of a smallpox case? 7. Describe some good, up-to-date method of fumigation. 8. What are the most dangerous complications in scarlet fever? 9. What do you know of the law of any state regarding quarantine? 10. What does a nurse prepare for a tracheotomy case?

Care of the Nervous and Insane (oral, elective).—1. Is it always necessary to take respiration when taking temperature of a nervous patient? Reasons? 2. Give main points in nursing care of a paralyzed patient. 3. What would you do for a patient in hysterical attack? Epileptic convulsions? 4. Differentiate Jacksonian convulsion from all others. 5. Name two conditions to be maintained in meningitis. 6. State mental requirements for nursing nervous patients. 7. Name different forms of insanity and describe two. 8. How would you meet delusions of insanity? 9. How would you nourish an insane patient who refused food? 10. How would you confine an insane patient in bed?

Bacteriology (oral, elective).—1. What is the origin of bacteria? 2. Name two pus-producing germs. 3. What is fission growth? 4. Why is it important to keep a wound, made by gun powder or a rusty nail, open? 5. What are toxins and antitoxins? 6. How long should water be boiled to kill the bacteria? 7. What are spores? And how do we kill them? 8. Define: *septicemia*, *toxemia*, and *pyemia*. What is immunity—natural and acquired? 10. Why do we vaccinate?

WASHINGTON

Seattle.—THE KING COUNTY NURSES' ASSOCIATION held its regular meeting at the Registry on September 7. Mrs. Bessie Davis gave an interesting account of the work of the Anti-tuberculosis League. Dr. Maud Parker gave the first of a series of lectures on "Moral Prophylaxis." The annual meeting was held on October 4, the president in the chair. Reports of the September meeting and of the Executive Committee were read and approved. The Secretary's report of the year's work was read, also the yearly report of the registry.

The following officers were elected for the ensuing year: president, Mary S. Loomis; vice-president, Mrs. M. Irene Farrall; secretary, Miss L. MacMillan; treasurer, Mrs. C. F. Pearson; Executive Committee, Beasie Murphy, chairman, Margaret Rice, Josie Brown, Bertha Harris, Mrs. A. G. Green. Dr. Maude Parker gave the second of a series of lectures on "Moral Prophylaxis."

Hoquiam.—Miss S. MICKELJOHN has resigned her position as matron of the Hoquiam General Hospital.

CALIFORNIA

Los Angeles.—THE CALIFORNIA HOSPITAL NURSES' ALUMNAE ASSOCIATION held its monthly meeting on September 27 at the directory rooms. After the business meeting, Miss J. Bice, superintendent of Clifton Hospital, Arizona, and Miss E. Thomas, superintendent of Morenci Hospital, Arizona, told of their work. Miss Sue Miller and Miss Kent told of hospital work in Hermosillo, Mexico, from which they have recently returned. The head nurses of the hospital gave a banquet in honor of Miss Lampman, the retiring superintendent of the training school. The hospital is trying the plan of a condensed daily paper containing the most important items of interest from the news of the day. This paper, which can be perused in ten minutes, is read aloud to the nurses during their luncheon, the object being to keep them informed of current events and to take their minds off petty hospital gossip.

PORTO RICO

San Juan.—THE PRESBYTERIAN HOSPITAL TRAINING SCHOOL FOR NURSES held its graduating exercises on the evening of October 1 in the Hugh O'Neill Memorial Presbyterian Church.

CANADA

Toronto.—IT IS CUSTOMARY for the medical students to have an opening lecture at the beginning of each session, consequently it was thought desirable this year that the training school of the Toronto General Hospital should follow this very excellent example. A lecture was presented by one of the university professors, Dr. J. T. Fotheringham, with Mr. J. D. Flavelle, chairman of the Hospital Trust, presiding. The choice of subject was left to the lecturer and consisted of a brief introduction, followed by a historical reference to the prototype of the present-day nurse, the objects of a course of training, character of training, and qualifications, viz., preliminary training, technical training, and non-technical training, physical, mental and moral. Invitations were sent out to those who were interested in the school, and the evening was voted to be an unqualified success.

MISSES ISABEL MOOR, HANNAH LAWSON, AND HELEN JONES, Toronto General Hospital graduates, who have for the last two years occupied positions in the Good Samaritan Hospital, Dawson, Yukon, have returned east. These nurses have been succeeded by Ida M. Burkholder, class of 1899, and Ida Beam, class of 1897. Mary A. T. Smith, class of 1900, will not be able to leave for China for another year, owing to the serious illness of her father. Mary Alice Smeeton, class of 1900, is at present taking the course in Hospital Economics in Columbia University, New York. Catherine J. Nowall, class of 1908, has been appointed operating-room nurse in the Galt Hospital, Lethbridge, Alta.

BIRTHS

ON September 28, at San Francisco, to Dr. and Mrs. Robert Criswell, a daughter. This news will interest many eastern nurses who have met Dr. Helen Parker Criswell.

MARRIAGES

ON September 22, at Leland, Illinois, Ella Hazemann, graduate of Mercy Hospital, Chicago, to Frederic Ericson.

FLORENCE PATTON, class of 1905, Methodist Episcopal Hospital, Brooklyn, to Milton Wesley Phillips, of New York.

ON June 26, at Duluth, Minnesota, Bertha Kuehn, graduate of St. Luke's Hospital, Chicago, to Thomas P. Ranney, M.D.

ON October 12, at Newport, R. I., Annie Bishop, class of 1907, Hospital of the Good Shepherd, Syracuse, N. Y., to Edward James Trow.

ON October 5, at Auburn, N. Y., Olive F. Trimble, class of 1908, Hospital of the Good Shepherd, Syracuse, N. Y., to Alfred Drayton Jones.

ON September 28, Jeannette M. Gardner, class of 1902, Christ Hospital, Jersey City, to William Arthur Heatile, of Providence, Rhode Island.

ON July 18, at Chicago, Agnes Small, class of 1900, St. Luke's Hospital, Chicago, to Harvey T. Walter. Mr. and Mrs. Walter will live in Los Angeles, California.

ON October 5, at Northport, Ontario, Lucy Bowerman, class of 1895, Toronto General Hospital, to Mill Pellatt. Mr. and Mrs. Pellatt will live at 7 Wells Street, Toronto.

NELLIE M. REACH, class of 1906, Illinois Training School, Chicago, to Wildric F. Hynes. Mr. and Mrs. Hynes will live at the Westminster Hotel, Spokane, Washington.

ON August 14, at Stacyville, Iowa, Harriet H. Rolfe, class of 1898, St. Luke's Hospital, Chicago, to Thomas L. Dagg, M.D. Dr. and Mrs. Dagg will live at 1717 East 55th Street, Chicago.

ON September 15, at Bratford, Ontario, Anna Maude Tipper, class of 1906, Hospital of the Good Shepherd, Syracuse, N. Y., to George Felshaw Park. Mr. and Mrs. Park will live at 107 Elk Street, Syracuse.

ON September 8, at Seattle, Washington, Harriet McGregor, graduate of the Seattle General Hospital, to William B. Rice. Mr. and Mrs. Rice are both of Bellingham, but they will spend the winter in California.

ON September 16, at the nurses' home of the Jamaica Hospital, Ethel M. Christopher, class of 1909, Jamaica Hospital Training School, to Frederick Rickmeier. Mr. and Mrs. Rickmeier will live in Richmond Hill, N. Y.

ERETHYN BEARCE, class of 1904, Hahnemann Hospital, Chicago, to F. A. Patterson. Miss Bearce has held the position of superintendent of Mercy Hospital, Benton Harbor, Michigan, and of the Pullman Hospital, Pullman, Ill. Mr. and Mrs. Patterson will live in Chicago.

ON October 6, at St. Stephen's Church, Toronto, Hannah Hollingworth, class of 1888, Toronto General Hospital, to Daniel Hamilton. Miss Hollingworth held for many years the position of superintendent of the General and Marine Hospital, St. Catherines. Mr. and Mrs. Hamilton will reside at Beatrice, Muskoka.

DEATHS

IN August, at Bellevue Hospital, Ella Underhill, a graduate of Bellevue. Miss Underhill was at one time superintendent of the Schenectady Hospital, then for a short time in charge of the Mills School, later admitting clerk at Bellevue.

An interesting and historical figure in the French nursing reform movement has passed away—Dr. Bourneville, whose part in the educational movement there has been described in the JOURNAL. His death occurred last June, but in the pressure of other material it was not recorded earlier in the JOURNAL. His was a personality of great uprightness, benevolence, and rectitude, and nurses owe him a debt for his long life-work.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

ANATOMY AND PHYSIOLOGY FOR NURSES. By Diana Clifford Kimber, Graduate of Bellevue Training School for Nurses; Formerly Assistant Superintendent of Nurses, New York City Training School for Nurses, Blackwell's Island, N. Y.; Formerly Assistant Superintendent, Illinois Training School, Chicago, Ill. Third Edition, revised by Charlotte E. Gray, R.N., assistant superintendent, New York City Training School for Nurses. Price, \$2.50 net. The Macmillan Company, New York.

Miss Gray, in her character of one-time pupil to the author, has without doubt qualities which fit her particularly for her work on the revision of Kimber's "Anatomy and Physiology," but in spite of such advantage the most casual reader cannot fail to recognize the great loyalty and clever ingenuity exercised in retaining the character of the original book unchanged while altering the text to the extent required to keep pace with the advance of time since its first appearance fifteen years ago. Miss Kimber, to the regret of all who knew her work, as well as her many personal friends, has forsaken the field of nursing and has been claimed by another vocation which admits of no partition of her talents. While we mourn her departure, we count our blessings, and among them reckon her choice of a literary executor, for we feel sure that no one could have better brought the work in line with the present teaching without destroying its original form and characteristics.

The "Anatomy and Physiology" when it first appeared in 1894 was a new departure in nursing literature, the first declaration of the need of special text-books for nurses' schools written by nurse teachers, with the exception of Dock's "Materia Medica," which had appeared two or three years earlier. Since that time the idea has been pretty generally accepted that the teaching in the nurse schools is a matter no less important than the practical work, and that the efficiency of the latter depends wholly upon the former.

The new edition contains a great quantity of new matter, notably a preliminary chapter on "Physical, Chemical and Biological Definitions with Explanatory Notes"; a re-writing of the chapter on the "Nervous

System," by H. D. Collins, M.D.; much new matter in the chapter on "Special Membranes and Glands," and a summary which has been added to each chapter which the reviser recommends to the attention of both pupils and teachers, the idea being that it may be used as a skeleton outline for the lesson while the text may be used for reference. There are sixty new illustrations, some of the older plates and cuts having been replaced by those new and up to date. The book retains its old personality to a really wonderful degree when one considers how many and radical are the changes made since the original appeared. It goes without saying that no recommendation is needed for a book which is used in every nurse training school in the country and equally useless is it to wish it success when one and all know how it has succeeded but all the same we welcome the reappearance of an old friend and wish it well.

THE WINNING CHANCE. By Elizabeth Dejeana. J. B. Lippincott Company, Philadelphia and London.

As set forth in this tale the "winning chance" is conspicuous by its absence, the unfortunate heroine never having had the ghost of a chance. Her birthright is the nature inherited from a weak and vicious father, a gentle and alas equally weak mother, circumstanced by a childhood and girlhood of modest luxury. She is still a "young girl" when we find her seeking work as a stenographer in a stock broker's office. She is absolutely without business training, but she expects to be able by her own unaided efforts to earn money to support her widowed, blind and invalid mother, her invalid and almost insane cripple brother, as well as herself. Her first employer, who is, by the way, the man who had aided her father to accomplish so completely his own ruin and that of his family resources, finding very soon the limits of her usefulness on his clerical staff, proposes to her that there are other and more profitable terms by which she may continue in his service. Up to this time she had gone forth strong in the courage of ignorance. "*That men were given their strength to protect weakness, not to prey upon it*, had been a part of her creed. That henceforth she must go armed, not only to win her daily bread, but also to keep unsullied her womanhood, was a new thought to her."

Her second situation puts her into more favorable surroundings, in that her employer is a man of much nobler type than her former one. But even under improved conditions, life she finds is beset by dangers when it carries one by its currents beyond the shelter of a safe home. It would seem to be the writer's idea to show how impossible it is for young women to go out into the world and earn an honest living. Again conditions become perilous—the girl is given the choice of her mother and

brother suffering and starving or of selling herself, and after a bitter struggle she sacrifices herself.

The book is advertised as the "big problem of the American girl." To the reviewer it is more the problem of American money. Is it possible that the power of money is irresistible? Or it might be called the problem of the American man. Leo Varek personifies strength, and unopposed power and selfishness. Big in the biggest sense of the word, yet in his monumental selfishness absolutely believing in his right to sacrifice the girl because she is defenceless and in his power. It is hardly clear whether or not the author meant to call attention to the conditions under which young and ignorant women are placed when they start out to earn their bread—it seems rather that this were accidental and that she merely placed her characters where they are for the purpose of securing dramatic incident and vivid contrasts, action, and movement. Whatever her intention she has put the question—How are our young women and girls to work side by side with men without losing every accepted attribute of the sex? We are told of certain heathen peoples who anticipate and forestall economic difficulties by destroying superfluous female babies at birth, a practice regarded with horror among Christian folk, and yet the crude method of the heathen seems more merciful than condemning these same girls to a life of indignity and shameful slavery. In the case of the heroine, however, she was not one of the superfluous, she had two lives beside her own to support, a task equal to any man's, and moreover she was by her training or the lack of training fitted to any other than the business life. The author does not point her moral as keenly as one expects. Varek pays, to the uttermost farthing, because as he grows to love the girl he realizes how he has degraded her and he suffers in proportion, but the girl is able to begin a new life which bids fair to be happy ever after, thus giving her the privilege which has universally been accorded to men but hitherto denied to women. One feels regret that this book will not be read by business men as it would be interesting to hear how they regard the situation.

A REFERENCE HAND-BOOK FOR NURSES. By Amanda K. Beck, Graduate of the Illinois Training School for Nurses. Second Edition. Price, \$1.25 net. W. B. Saunders Company, Philadelphia and London.

Miss Beck's little hand-book which has been reviewed in these pages in its first edition, now appears in a second edition with the old material carefully revised and much new matter added, including various illustrations and plates; also quaintly enough there is a complete list of foreign and domestic postal rates. The book belongs to the list which appears in flexible crimson leather binding with gold lettering.

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